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**National Highway
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Indiana University
[REDACTED]

ON-SITE AIR BAG FIRE INVESTIGATION

CASE NO. - 94-16
FLEET - PRIVATE VEHICLE
LOCATION - S [REDACTED], WISCONSIN
ACCIDENT DATE - [REDACTED] 1994

Submitted By:

[REDACTED]
Senior Staff Associate

[REDACTED] **1994**

Revised Submission:

[REDACTED] **1995**

Contract Number: [REDACTED]

Prepared for:

U.S. Department of Transportation
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Washington, D.C. 20590

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The crash investigation process is an inexact science which requires that physical evidence such as skid marks, vehicular damage measurements, and occupant contact points be coupled with the investigator's expert knowledge and experience of vehicle dynamics and occupant kinematics in order to determine the pre-crash, crash, and post-crash movements of involved vehicles and occupants.

Because each crash is a unique sequence of events, generalized conclusions cannot be made concerning the crashworthiness performance of the involved vehicle(s) or their safety systems.

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				6. Performing Organization Code	
7. Author(s) ██████████				8. Performing Organization Report No. TRC/IU 94-16, Task 9411	
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15. Supplementary Notes On-site air bag deployment investigation with a post-deployment air bag fire involving a 1995 Plymouth Neon, 4-door sedan, with active 3-point belts and dual front air bags					
16. Abstract <p>This report covers an on-site investigation of an air bag deployment crash, and post-deployment air bag fire, that involved a 1995 Plymouth Neon and a 1986 Dodge Omni. The Neon was traveling south in the southbound lane of a two-lane, undivided, city roadway. The Omni was traveling east in the eastbound lane of a two-lane, undivided, city roadway. The front of the Neon (case vehicle) impacted the left front of the Omni (vehicle #2) causing the case vehicle's driver and right-front passenger side supplemental restraints (air bags) to deploy. The case vehicle rotated approximately 50 degrees counterclockwise after impact, sideslapped vehicle #2 (right front), and came to rest in the intersection heading east-southeast approximately 8.5 meters (~ 27.9 feet) from initial impact. Vehicle #2 rotated approximately 30 degrees clockwise after impact, side-slapped the case vehicle (left rear), and came to rest near the southeast corner of the intersection heading east approximately 10.5 meters (~ 34.4 feet) from initial impact. Both the case vehicle driver (33 year-old male) and right-front passenger (8 year-old male) were also restrained by the available, active, three-point lap and shoulder belts. According to the driver, he sustained abrasions to his wrists and distal forearms. The right-front passenger sustained, according to his father and medical records, abrasions to his face. Vehicle #2's driver (18 year-old female) and right-front passenger (12 year-old male) were both restrained by the available, active, three-point lap and shoulder belts. The case vehicle driver sustained, according to her interview and medical records, a cervical strain and lacerated left shin. The right-front passenger was not injured.</p>					
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TRC/IU ON-SITE AIR BAG FIRE INVESTIGATION

TRC/IU CASE NO. 94-16

**FLEET - PRIVATE VEHICLE
LOCATION [REDACTED] WISCONSIN**

SUMMARY

This report concerns a motor vehicle crash involving an air bag equipped 1995 Plymouth Neon, four-door sedan, and a 1986 Dodge Omni, five-door hatchback, occurring on [REDACTED] 1994 at [REDACTED] p.m., in [REDACTED] Wisconsin on a city street. This crash is of special interest because the 1995 Plymouth Neon's right-front passenger supplemental restraint (air bag) caught fire post-deployment.

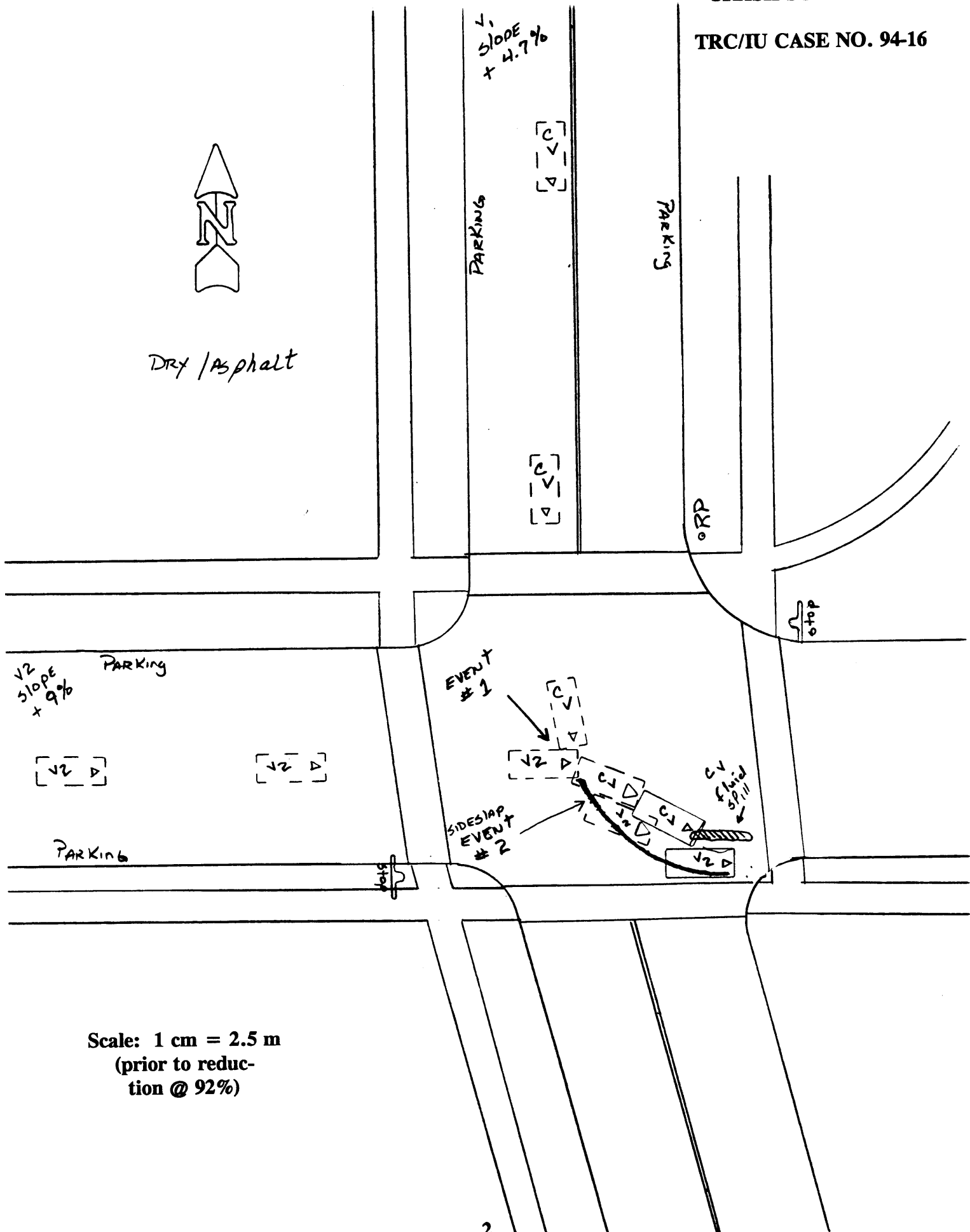
The Neon was traveling south in the southbound lane of a two-lane, undivided, city roadway when it impacted the Omni which was traveling east in the eastbound lane of a two-lane, undivided, city roadway. The Neon rotated approximately 50 degrees counterclockwise after impact, sideslapped the Omni, and came to rest in the intersection heading east-southeast approximately 8.5 meters (~ 27.9) feet) from initial impact. The Omni rotated approximately 30 degrees clockwise after impact, sideslapped the Neon, and came to rest near the southeast corner of the intersection heading east approximately 10.5 meters (~ 34.4 feet) from initial impact.

The front of the Neon impacted the left front of the Omni. Subsequently, the right front of the Neon sideslapped the left rear of the Omni. The CDCs were determined to be: 01-FDEW-1 and 03-RYHW-1 for the Neon and 10-LYEW-2 and 09-LZEW-1 for the Omni. The CRASHPC reconstruction program, damage only algorithm, was used on the highest severity impact to the Neon. The Total, Longitudinal, and Lateral Delta Vs are respectively: 16 k.p.h. (10 m.p.h.), -14 k.p.h. (-8 m.p.h.), and -8 k.p.h. (-5 m.p.h.).

The 1995 Plymouth Neon was equipped with both driver and right-front passenger supplemental restraint systems (air bags) which deployed as a result of the frontal impact. The driver of the vehicle (33 year-old male) was also restrained by the available, active, three-point lap and shoulder belt. According to the driver, he sustained abrasions to his wrists and distal forearms. The right-front passenger (8 year-old male) in the Neon was also restrained by the available, active, three-point lap and shoulder belts. The right-front passenger sustained, according to his father and medical records, abrasions to his face. Both the driver and right-front passenger of the Neon were listed on the Police Accident Report as sustaining "C" (possible) injuries as a result of this crash. The driver (18 year-old female) and right-front passenger (12 year-old male) of the Omni were both restrained by the available, active, three-point lap and shoulder belts. The driver sustained, according to her interview and medical records, a cervical strain and lacerated left shin. According to the driver of the Omni, the right-front passenger was not injured. The driver of the Omni was listed on the Police Accident Report as sustaining a "C" (possible) injury; the right-front passenger was listed as not injured ("O").

CRASH SCHEMATIC

TRC/IU CASE NO. 94-16



TRC/IU ON-SITE AIR BAG FIRE INVESTIGATION

TRC/IU CASE NO. 94-16

FLEET - PRIVATE VEHICLE
LOCATION - [REDACTED] WISCONSIN

ACCIDENT DATA

Location/Street: City Street
City/Township: [REDACTED] County, [REDACTED] Wisconsin
Area/Type: Urban, residential/recreational
Accident Date/Time: [REDACTED] 1994, @ [REDACTED] p.m.
Investigating Police Agency: [REDACTED] Police Department
Accident Type: Car / Car - right angle
Occupant Injury Severity (air bag vehicle): Facial Abrasions (AIS-1)

AMBIENT CONDITIONS

Light Conditions: Daylight
Weather Condition: Clear
Precipitation: None
Road Surface: Dry

ROADWAY

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Location:	City street	City street
Number of Travel Lanes:	2-lanes, undivided	2-lanes, undivided
Width:	12.1 m (39.7 ft)	12.1 m (39.7 ft)
Surface Type:	Asphalt	Asphalt
Median:	None	None
Shoulders:	None, curbs and parking lanes on east and west sides	None, curbs and parking lanes on north and south sides
Vertical alignment:	Straight on north leg	Straight

ROADWAY (CONTINUED)

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Horizontal alignment:	Grade, 4.7 % negative to south	Grade, 9.0 % negative to east
Estimated Coefficient of Friction:	0.60 (Estimated)	0.60 (Estimated)
Traffic Density:	Unknown	Unknown

TRAFFIC CONTROLS

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Signals:	None	None
Signs:	None	Regulatory sign: STOP
Markings:	Double solid yellow center lines	None
Speed Limit:	40 k.p.h. (25 m.p.h.)	40 k.p.h. (25 m.p.h.)

VEHICLES

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Year:	1995	1986
Make:	Plymouth	Dodge
Model:	Neon	Omni
Body Type:	4-door sedan	5-door hatchback
V.I.N.	1P3ES47C5SD----	1B3BZ48C9GD-----
Color:	Blue, dark	Blue, light
Mileage:	7,942 km (4,935 miles)	150,245 km (93,358 miles)
Engine:	2.0 liters, in-line, 4 cylinders	2.2 liters, transverse mounted, 4 cylinders
Transmission:	5-speed manual	4-speed manual
Steering:	Power-assisted, rack-and-pinion	Manual, worm and gear
Brakes:	Power-assisted, front ventilated disc, rear drum	Power-assisted, front disc, rear drum

VEHICLES (CONTINUED)

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Padding:	Steering wheel and hub, sunvisors, dash, "A"-pillars, side door surfaces	Steering wheel, dash, sunvisors, A"-pillars, side door surfaces
Active Restraints:	3-point, manual, lap and shoulder belts in front and rear outboard seating positions; lap belt only at rear center position	3-point, manual, lap and shoulder belts in front outboard seating positions; lap belt only at rear right, left, and center positions
Passive Restraints:	Factory installed driver and right front passenger supplemental restraint systems (air bags)	None
Defects:	None	None
Fleet:	Private vehicle	Private vehicle
Tow status:	Towed due to damage	Towed due to damage

VEHICLE DAMAGE**EXTERIOR****Deployment Impact**

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Event number:	One	One
Object Struck:	Vehicle #2	Case vehicle
Damage location		
Damaged Plane:	Front	Left
Vertical Location		
On Plane:	Bumper and above	Between beltline and sill
Direct Begins:	At right bumper corner	3 centimeters rearward of left bumper corner
Length Direct:	110 cm (43.3 in)	123 cm (48.4 in)
Field L:	138 cm (54.3 in)	180 cm (70.9 in)
C ₁ :	2 cm (0.8 in)	0 cm (0.0 in)
C ₂ :	1 cm (0.4 in)	8 cm (3.1 in)
C ₃ :	3 cm (1.2 in)	22 cm (8.7 in)
C ₄ :	4 cm (1.6 in)	10 cm (3.9 in)
C ₅ :	5 cm (2.0 in)	8 cm (3.1 in)
C ₆ :	10 cm (3.9 in)	2 cm (0.8 in)
D:	15 cm (5.9 in)	+143 cm (+56.3 in)
Maximum Crush:	15 cm (5.9 in)	22 cm (8.7 in)

VEHICLE DAMAGE (CONTINUED)**EXTERIOR (Continued)****Case Vehicle****Vehicle #2****Deployment Impact (Continued)**

Location:	C₆	C₃
CDC:	01-FDEW-1	10-LYEW-2
Damaged Components:	Bumper, grille, hood, right and left front head light and turn signal assemblies	Left front: fender, wheel assembly, and door; and windshield

Nondeployment Impact

Event number:	Two	Two
Object Struck:	Vehicle #2	Case vehicle
Damage location		
Damaged Plane:	Right	Left
Vertical Location		
On Plane:	Between right outside rearview mirror to mid-door level	Mid-door level; between beltline and sill
Direct Begins:	22 centimeters rearward of right front axle; 12 centimeters forward of right front axle	5 centimeters forward of left rear axle
Length Direct:	75 cm (29.5 in) 16 cm (6.3 in)	63 cm (24.8 in)
Field L:	77 cm (30.3 in) 26 cm (10.2 in)	63 cm (24.8 in)
C₁:	Not applicable	Not applicable
C₂:	Not applicable	Not applicable
C₃:	Not applicable	Not applicable
C₄:	Not applicable	Not applicable
C₅:	Not applicable	Not applicable
C₆:	Not applicable	Not applicable
D:	Unknown	Unknown
Maximum Crush:	2 cm (0.8 in)	2 cm (0.8 in)
Location:	Right front fender	Left rear wheel well flange
CDC:	03-RYHW-1	09-LZEW-1
Damaged Components:	Right front fender and door and right outside rearview mirror	Left rear quarter panel

VEHICLE DAMAGE (CONTINUED)**INTERIOR**

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Damaged Components:	Steering wheel air bag module and right dash from air bag	Left dash, kickpanel, and "A"-pillar from intrusion
Other Evidence of Occupant Contact:	None	Crack left dash
Manual Restraint System Failures:	None	None
Seat Performance Failures:	None	Bent toward left

REPAIR

Cost Estimate:	\$7,375.74 {repair estimate}	Totalled, ~ \$1,150 {current retail value}
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VEHICLE VELOCITY ESTIMATES

<u>Highest Delta "V"</u>	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Reconstruction Program:	CRASH3PC, SMASH, and EDCRASH	CRASH3PC, SMASH, and EDCRASH
Program Algorithm:	Damage only	Damage
Travel Speed:	48 k.p.h. (30 m.p.h.)	24 k.p.h. (15 m.p.h.)
Total Delta "V":	16 k.p.h. (10 m.p.h.)	17 k.p.h. (10 m.p.h.)
Longitudinal Delta "V":	-14 k.p.h. (-8 m.p.h.)	-6 k.p.h. (-4 m.p.h.)
Lateral Delta "V":	-8 k.p.h. (-5 m.p.h.)	16 k.p.h. (10 m.p.h.)

COLLISION SEQUENCE

Pre-Crash: The case vehicle (Neon) was traveling south in the southbound lane of a two-lane, undivided, city street and was attempting to continue in a south-southeast direction of travel. Vehicle #2 (Omni) which was traveling east in the eastbound lane of a two-lane, undivided, city street and was attempting to continue its eastward direction of travel. According to the driver of the case vehicle, he had no time to made any pre-crash avoidance maneuvers*.

* According to the driver of vehicle #2, the case vehicle left 2.4 meters (8 feet) of pre-impact skid marks. The Police Accident Report makes no mention of pre-impact activity, and no evidence of pre-impact braking was found during the scene inspection.

COLLISION SEQUENCE (CONTINUED)**Pre-Crash: (Continued)**

The case vehicle continued straight ahead in its south-southeast direction of travel prior to impact. The driver of vehicle #2 made no pre-crash avoidance maneuvers. Vehicle #2 continued straight ahead prior to impact. The accident occurred in the four-leg cross intersection of the two roadways.

Crash: According to both the scene and vehicle inspections and the Police Accident Report, the front of the case vehicle impacted the left front of vehicle #2 causing both the driver and right-front passenger side supplemental restraint systems (air bags) to deploy. Subsequently, according to the vehicle inspections, the right front of the case vehicle sideslapped the left rear of vehicle #2. According to the scene inspection and the Police Accident Report, the case vehicle rotated approximately 50 degrees counterclockwise after the initial impact and came to rest in the intersection heading east-southeast approximately 8.5 meters (~ 27.9) feet) from initial impact. Vehicle #2 rotated approximately 30 degrees clockwise after the initial impact. Next, vehicle #2 sideslapped the case vehicle and rotated counterclockwise approximately 30 degrees while moving east-southeast toward rest near the southeast corner of the intersection. Vehicle #2 came to rest heading east approximately 10.5 meters (~ 34.4 feet) from initial impact.

Post-Crash:

Occupants: According to the case vehicle driver, he remained inside the vehicle at final rest. He was conscious and was able to exit the case vehicle. The right-front passenger also remained inside the vehicle at final rest. He was conscious and was assisted by his father to exit the case vehicle after the father was told by someone at the scene that the right-front passenger air bag was smoldering. The case vehicle was equipped with both driver and right-front passenger supplemental restraint systems (air bags) which deployed as a result of the frontal impact. The driver and right-front passenger of the case vehicle were also restrained by the available, active, three-point lap and shoulder belts. According to the driver of vehicle #2, the driver and right-front passenger were both restrained by the available, active, three-point lap and shoulder belts.

Police: The investigating police agency was notified of the accident within one minute and arrived on-scene within seven minutes. Traffic control procedures were established and fire and towing services were called to assist. The fire department was called because the case vehicle's right-front air bag was smoldering causing smoke in the passenger compartment.

Rescue: According to the case vehicle driver and Police Accident Report, he was not transported and did not require medical treatment. He sustained abrasions to his wrists and distal forearms. According to the driver and the Police Accident Report, the right front passenger was not transported;

COLLISION SEQUENCE (CONTINUED)**Post-Crash: Rescue: (Continued)**

however, according to the driver and his medical records, he did receive medical treatment later at a hospital and from the family's physician and sustained abrasions to his face. According to the driver of vehicle #2 and Police Accident Report, neither occupant was transported; although, the driver of vehicle #2 did require subsequent medical treatment. The driver sustained, according to her interview and medical records, a cervical strain and lacerated left shin. According to the driver of vehicle #2, the right-front passenger was not injured.

Removal: Following the police investigation, the case vehicle and vehicle #2 were towed from the scene.

HUMAN FACTORS/OCCUPANT DATA

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
<u>Driver:</u>	33 year-old male	18 year-old female
<u>Height:</u>	173 cm (68 in)	152 cm (60 in)
<u>Weight:</u>	73 kg (160 lbs)	50 kg (110 lbs)
<u>Occupation:</u>	Unknown	College student
<u>Active Restraint System/Usage:</u>	3-point lap and shoulder/Used	3-point lap and shoulder/Used
<u>Usage Source:</u>	Vehicle inspection, Interviewee, Police Accident Report	Vehicle inspection, Interviewee, Police Accident Report
<u>Eye glasses/contacts:</u>	None	None
<u>Vehicle Familiarity:</u>	Less than three months; less than 5,000 miles	Very familiar
<u>Route Familiarity:</u>	Unknown	Unknown
<u>Trip Plan:</u>	Running an errand and taking a child to a sports class	Home to medical clinic
<u>Manner of Leaving Scene:</u>	Private automobile	Unknown
<u>Type of Medical Treatment:</u>	None	Treatment later

HUMAN FACTORS/OCCUPANT DATA (CONTINUED)

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
<u>Right front Passenger:</u>	8 year-old male	12 year-old male
Height:	130 cm (51 in)	145 cm (57 in)
Weight:	26 kg (58 lbs)	41 kg (90 lbs)
Active Restraint System/Usage:	3-point lap and shoulder/Used	3-point lap and shoulder/Used
Usage Source:	Vehicle inspection, Interviewee, Police Accident Report	Vehicle inspection, Interviewee, Police Accident Report
Eye glasses/contacts:	None	None
Manner of Leaving Scene:	Private automobile	Unknown
Type of Medical Treatment:	Treated and released with follow-up treatment later	None

CASE VEHICLE DRIVER INJURIES

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
Abrasions, right and left medial wrists/distal forearms	790202.1,3	7	Air bag	{Certain}

CASE VEHICLE PASSENGER INJURIES

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
Abrasions face: nose, forehead, right and left zygomatic arches	290202.1,0	3	Air bag	{Certain}

VEHICLE #2 DRIVER INJURIES

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
Cervical strain	640278.1,6	3	Noncontact injury (i.e., differential deceleration)	{Probable}
Laceration left shin	890602.1,2	7	Left dash panel	{Certain}

VEHICLE #2 PASSENGER INJURIES

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
Not injured		7,9	Not applicable	N/A

DRIVER KINEMATICS

According to the case vehicle driver, he was seated upright with his: back straight against the seatback, right foot on the gas pedal, left on the toepan, and hands on the steering wheel. The case vehicle driver and Police Accident Report both indicated that he was wearing his available, active, three-point lap and shoulder belt immediately prior to impact. Prior to the collision, the case vehicle driver was traversing a downgrade ($\sim -4.7\%$) and was in the process of steering approximately 10 degrees to the southeast. According to the driver, there was not enough time to take any evasive action.

At and following impact, the case vehicle driver does not recall how he moved inside the vehicle. According to the principles of occupant kinematics, combined with the ten degree steering maneuver, the driver most likely moved forward and to his right while the air bag deployed. This movement may explain how he sustained abrasions to his wrist and forearms but not his face. The driver's forward movement was most likely minimal since the decelerative forces at impact would have caused the active, three-point belts to lock-up and minimized the driver's facial contact with the air bag.

After the initial impact, the case vehicle sideslapped its right side to vehicle #2's left side. The sideslap impact most likely would have forced the case vehicle driver more toward his right followed by rebounding back to his left as the driver's seat belts limited his movement.

As the case vehicle slid to rest and the driver's air bag was deflating, the driver most likely moved forward again loading the torso portion of his seat belt. At final rest the driver was most likely close to his original pre-crash seating position.

PASSENGER KINEMATICS

Just prior to the crash, according to the case vehicle driver, his son, the right-front passenger was sitting in the middle of his seat leaning forward playing with some toys. The case vehicle driver and Police Accident Report both indicated that the right-front passenger was wearing his available, active, three-point lap and shoulder belt immediately prior to impact. The boys "leaning-forward" posture most likely accounts for his facial abrasions.

At impact the boy most likely moved forward and to his right where his movement was halted by the deploying right-front air bag. This movement is consistent with the child's subsequent medical records which described the residual injuries (i.e., 22 days post-crash) as mostly on the nose and left side of his face. Following the air bag's deployment and the subsequent counterclockwise rotation, the right-front passenger most likely moved backwards and to the right where his rightward movement was somewhat accelerated by the sideslap impact. During the subsequent sideslap impact, the right-front passenger's rightward movement was most likely restricted by his seat belts and the right-front door's interior surface.

At final rest the driver indicated that his son was leaning back in his seat crying.

AIR BAG SYSTEM	<u>DRIVER AIR BAG</u>	<u>PASSENGER AIR BAG</u>
Airbag Diameter (seam-to-seam, deflated):	48 cm (18.9 in)	64 cm (25.2 in)
Number of Vent Holes:	One	One
Vent Hole Diameter:	2.5 cm (1.0 in)	4.5 cm (1.8 in)
Vent Hole Clock Positions:	Twelve o'clock	Twelve o'clock
Generant Residue:	No unusual amount found	No unusual amount found

DISCUSSION

Concerning the post-deployment air bag fire, it must be noted that at no time was there any flame (fire) observed. The extreme heat from the exhaust cannister caused the surrounding air bag material to subsequently melt causing the excessive smoke reported by both drivers and fire personnel. No evidence of flame (fire) damage was found near the air bag, windshield, or dashboard areas during this contractor's vehicle inspection.

ACCIDENT COLLISION MEASUREMENT TABLE



ACCIDENT COLLISION MEASUREMENT TABLE

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

Primary Sampling Unit Number 10

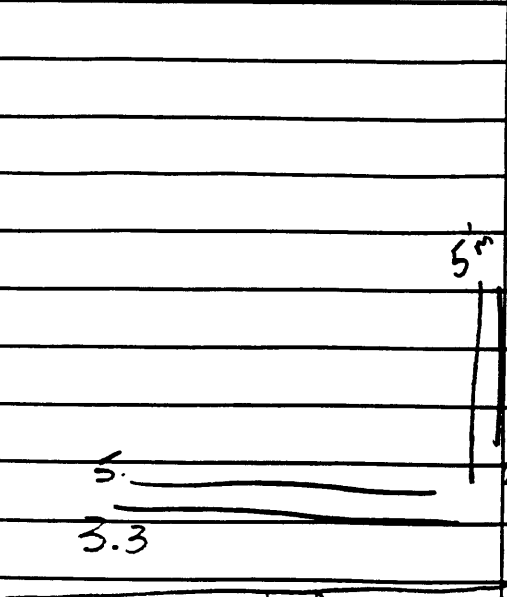
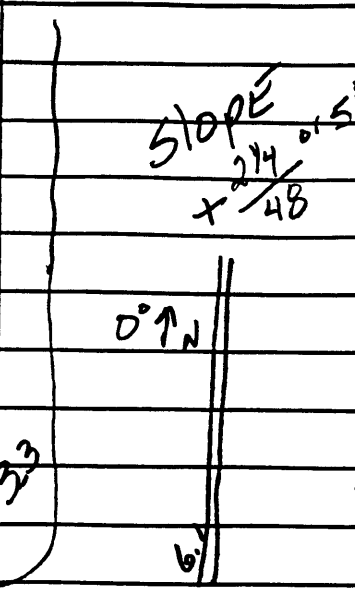
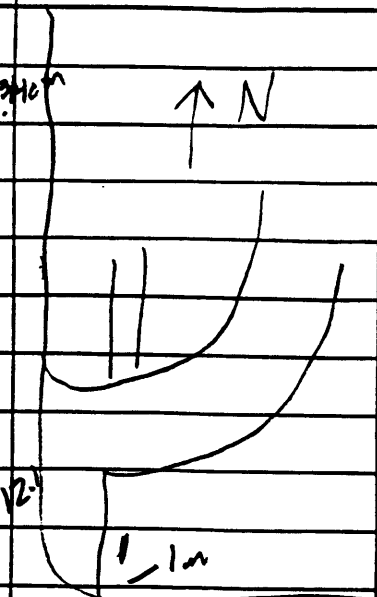
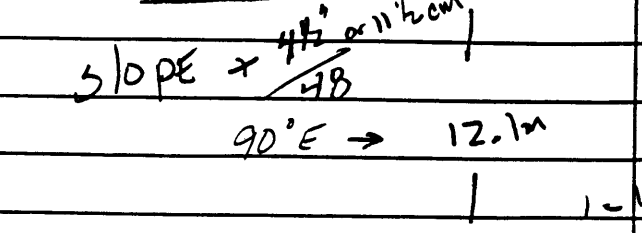
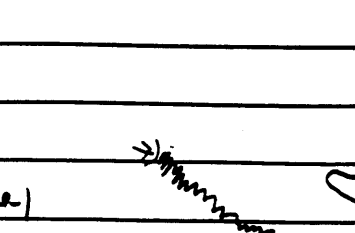
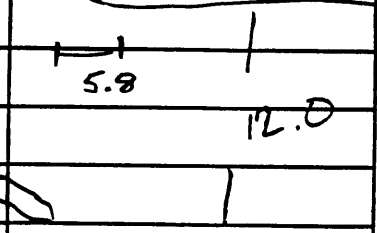
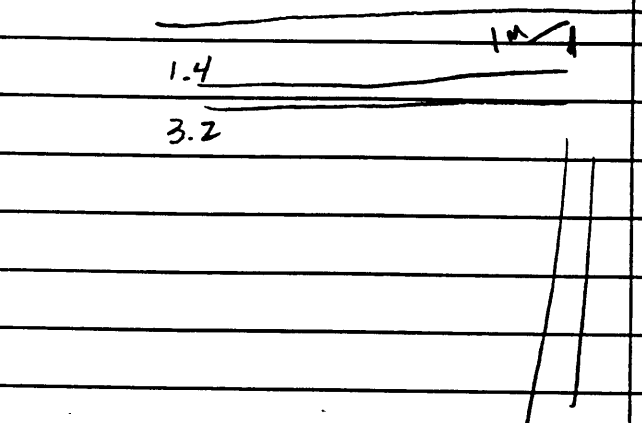
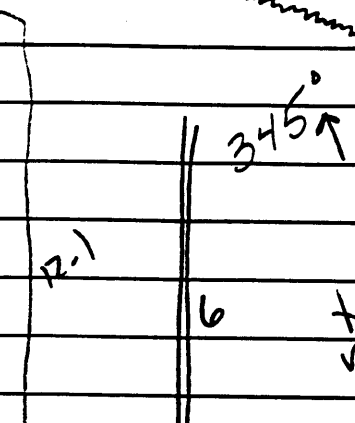
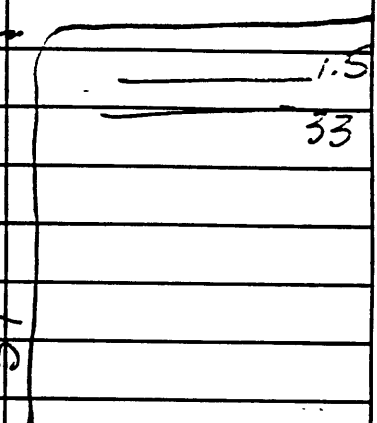
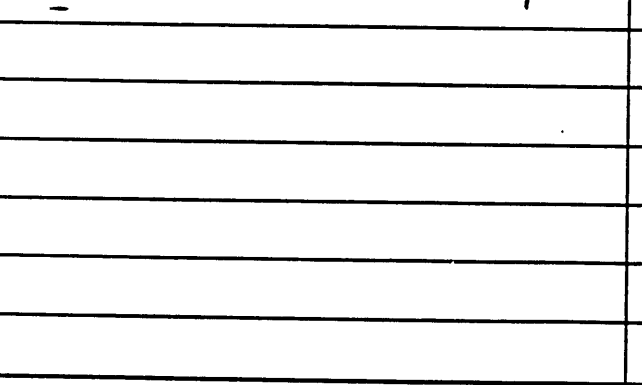
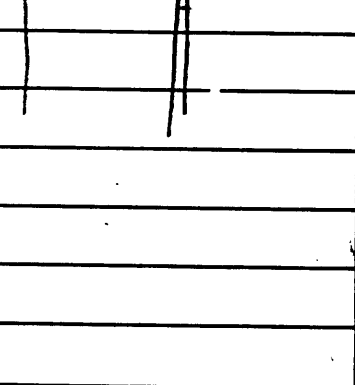
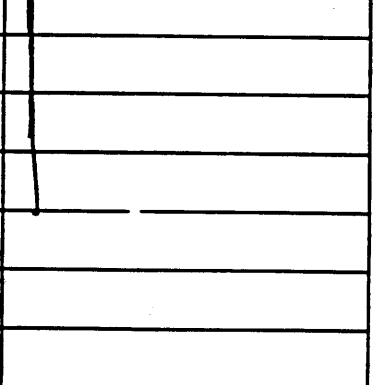
Case Number—Stratum 9416

ACCIDENT COLLISION DIAGRAM		CRASH DATA
<p>LEVEL I PHYSICAL EVIDENCE ABSENT</p> <p>To be accomplished when there is no physical evidence present at the scene:</p> <ul style="list-style-type: none"> • approximate vehicle orientation at impact and final rest • applicable road/roadway delineation (e.g., curbs/edge lines, lane markings, median markings, pavement markings, etc.) • applicable traffic controls (e.g., speed limit) • north arrow placed on diagram • sketch required 	<p>LEVEL II (Cont'd) physical evidence is present:</p> <ul style="list-style-type: none"> • document reference point and reference line relative to physical features present at the scene • scaled documentation of all accident induced physical evidence • scaled documentation of all roadside objects contacted • roadway surface type and condition of applicable roadways • grade measurements for all applicable roadways and at location of rollover initiation • scaled representations of the vehicle(s) at pre-impact, impact, and final rest based upon either: <ul style="list-style-type: none"> a) physical evidence, or b) reconstructed accident dynamics 	<p>VEH. #1 VEH. #2 VEH. #3</p> <p>Heading Angle <u>168°</u> <u>90°</u> _____</p> <p>Surface Type <u>Asphalt</u> _____</p> <p>Surface Condition <u>Dry</u> _____</p> <p>Grade (v/h) Measurement <u>+5/48</u> <u>+5/48</u> <u>10</u></p> <p>(between impact and final rest)</p> <p>Grade (v/h) Measurement _____</p> <p>(at location of rollover initiation)</p>
<p>LEVEL II PHYSICAL EVIDENCE PRESENT</p> <p>In addition to the level I tasks noted above, the following must be accomplished when</p>		

Reference Point: FIRE Hydrant
NE CORNER

Reference line: South EDGE of

Item	Distance and Direction from Reference Point	Distance and Direction from Reference Line
BEG of scuff	7.1 W	4.5 N
MID " "		
END " scuff	1.6 E	1 m S
BEG SPILL	1.0 W	1.3
END SPILL	3.3 E	1.3
plastic yellow debris	2.3 E	.5 S
"	2.7 E	1 m S

Item	Distance and Direction from Reference Point	Distance and Direction from Reference Line
		
		
		
		

VECTOR ANALYSIS RESULTS

PDOF & Delta V Estimation From At Impact Heading Angles, Slip, and Momentum

Case Number: 10 9416

Vehicle Numbers: 01 and 02

(Both Vehicles Must Be Tracking Or CRASH 3 Slip Angle(s) Estimated)

(Neither Vehicle May Be Backing)

(If The Back Of A Vehicle Is Involved, Its Speed Must Be Set To Zero)

(Some Configurations Involving Heavy Trucks Give Erroneous Results)

Vector Analysis Area	GV27(V01)	GV28(V02)		
Ln. Axis Heading Angle	168	90		
CG Heading Angle	168	90		
CRASH 3 Slip Angle	0	0		
Weight-Cargo	11	0		
Weight-Vehicle Curb Wt	1052	1003		
Weight-Passenger(s)	99	91		
Weight-Total	1162	1094		
Estimated Speed	48 (30)	16 (10)		
Momentum	55776	17504		
PDOF (Degrees)	18	-84	███/91	STM
PDOF (Clock Direction)	1	9		
Theoretical Delta V	23.0	24.4		
Theoretical Common Vel.		27.4	Post-Crash CG Heading	152

PDOF & Delta V Estimation From At Impact Heading Angles, Slip, and Momentum

Case Number: 10 9416

Vehicle Numbers: 01 and 02

(Both Vehicles Must Be Tracking Or CRASH 3 Slip Angle(s) Estimated)

(Neither Vehicle May Be Backing)

(If The Back Of A Vehicle Is Involved, Its Speed Must Be Set To Zero)

(Some Configurations Involving Heavy Trucks Give Erroneous Results)

Vector Analysis Area	GV27(V01)	GV28(V02)		
Ln. Axis Heading Angle	168	90		
CG Heading Angle	168	90		
CRASH 3 Slip Angle	0	0		
Weight-Cargo	11	0		
Weight-Vehicle Curb Wt	1052	1003		
Weight-Passenger(s)	99	91		
Weight-Total	1162	1094		
Estimated Speed	48 (30)	24 (15)		
Momentum	55776	26256		
PDOF (Degrees)	27	-75	███/91	STM
PDOF (Clock Direction)	1	10		
Theoretical Delta V	23.8	25.2		
Theoretical Common Vel.		29.4	Post-Crash CG Heading	145

PDOF & Delta V Estimation From At Impact Heading Angles, Slip, and Momentum

Case Number: 10 9416

Vehicle Numbers: 01 and 02

(Both Vehicles Must Be Tracking Or CRASH 3 Slip Angle(s) Estimated)

(Neither Vehicle May Be Backing)

(If The Back Of A Vehicle Is Involved, Its Speed Must Be Set To Zero)

(Some Configurations Involving Heavy Trucks Give Erroneous Results)

Vector Analysis Area	GV27(V01)	GV28(V02)		
Ln. Axis Heading Angle	168	90		
CG Heading Angle	168	90		
CRASH 3 Slip Angle	0	0		
Weight-Cargo	11	0		
Weight-Vehicle Curb Wt	1052	1003		
Weight-Passenger(s)	99	91		
Weight-Total	1162	1094		
Estimated Speed	48 (30)	32 (20)		
Momentum	55776	35008		
PDOF (Degrees)	35	-67	██████/91	STM
PDOF (Clock Direction)	1	10		
Theoretical Delta V	25.1	26.7		
Theoretical Common Vel.		31.8	Post-Crash CG Heading	139

PDOF & Delta V Estimation From At Impact Heading Angles, Slip, and Momentum

Case Number: 10 9416

Vehicle Numbers: 01 and 02

(Both Vehicles Must Be Tracking Or CRASH 3 Slip Angle(s) Estimated)

(Neither Vehicle May Be Backing)

(If The Back Of A Vehicle Is Involved, Its Speed Must Be Set To Zero)

(Some Configurations Involving Heavy Trucks Give Erroneous Results)

Vector Analysis Area	GV27(V01)	GV28(V02)		
Ln. Axis Heading Angle	168	90		
CG Heading Angle	168	90		
CRASH 3 Slip Angle	0	0		
Weight-Cargo	11	0		
Weight-Vehicle Curb Wt	1052	1003		
Weight-Passenger(s)	99	91		
Weight-Total	1162	1094		
Estimated Speed	48 (30)	40 (25)		
Momentum	55776	43760		
PDOF (Degrees)	43	-59	██████/91	STM
PDOF (Clock Direction)	1	10		
Theoretical Delta V	27.0	28.7		
Theoretical Common Vel.		34.5	Post-Crash CG Heading	135

PDOF & Delta V Estimation From At Impact Heading Angles, Slip, and Momentum

Case Number: TRC/IU 94-16

Vehicle Numbers: 01 and 02

(Both Vehicles Must Be Tracking Or CRASH 3 Slip Angle(s) Estimated)

(Neither Vehicle May Be Backing)

(If The Back Of A Vehicle Is Involved, Its Speed Must Be Set To Zero)

(Some Configurations Involving Heavy Trucks Give Erroneous Results)

Vector Analysis Area	GV27(V01)	GV28(V02)		
Ln. Axis Heading Angle	168	90		
CG Heading Angle	168	90		
CRASH 3 Slip Angle	0	0		
Weight-Cargo	11	0		
Weight-Vehicle Curb Wt	1052	1003		
Weight-Passenger(s)	99	91		
Weight-Total	1162	1094		
Estimated Speed	56 (35)	16 (10)		
Momentum	65072	17504		
PDOF (Degrees)	16	-86	91	STM
PDOF (Clock Direction)	1	9		
Theoretical Delta V	26.6	28.3		
Theoretical Common Vel.		31.4	Post-Crash CG Heading	154

PDOF & Delta V Estimation From At Impact Heading Angles, Slip, and Momentum

Case Number: TRC/IU 94-16

Vehicle Numbers: 01 and 02

(Both Vehicles Must Be Tracking Or CRASH 3 Slip Angle(s) Estimated)

(Neither Vehicle May Be Backing)

(If The Back Of A Vehicle Is Involved, Its Speed Must Be Set To Zero)

(Some Configurations Involving Heavy Trucks Give Erroneous Results)

Vector Analysis Area	GV27(V01)	GV28(V02)		
Ln. Axis Heading Angle	168	90		
CG Heading Angle	168	90		
CRASH 3 Slip Angle	0	0		
Weight-Cargo	11	0		
Weight-Vehicle Curb Wt	1052	1003		
Weight-Passenger(s)	99	91		
Weight-Total	1162	1094		
Estimated Speed	56 (35)	24 (15)		
Momentum	65072	26256		
PDOF (Degrees)	23	-79	91	STM
PDOF (Clock Direction)	1	9		
Theoretical Delta V	27.2	28.9		
Theoretical Common Vel.		33.3	Post-Crash CG Heading	148

PDOF & Delta V Estimation From At Impact Heading Angles, Slip, and Momentum

Case Number: TRC/IU 94-16

Vehicle Numbers: 01 and 02

(Both Vehicles Must Be Tracking Or CRASH 3 Slip Angle(s) Estimated)

(Neither Vehicle May Be Backing)

(If The Back Of A Vehicle Is Involved, Its Speed Must Be Set To Zero)

(Some Configurations Involving Heavy Trucks Give Erroneous Results)

Vector Analysis Area	GV27(V01)	GV28(V02)		
Ln. Axis Heading Angle	168	90		
CG Heading Angle	168	90		
CRASH 3 Slip Angle	0	0		
Weight-Cargo	11	0		
Weight-Vehicle Curb Wt	1052	1003		
Weight-Passenger(s)	99	91		
Weight-Total	1162	1094		
Estimated Speed	56 (35)	32 (20)		
Momentum	65072	35008		
PDOF (Degrees)	31	-71	91	STM
PDOF (Clock Direction)	1	10		
Theoretical Delta V	28.3	30.1		
Theoretical Common Vel.	35.5	Post-Crash CG Heading	143	

PDOF & Delta V Estimation From At Impact Heading Angles, Slip, and Momentum

Case Number: TRC/IU 94-16

Vehicle Numbers: 01 and 02

(Both Vehicles Must Be Tracking Or CRASH 3 Slip Angle(s) Estimated)

(Neither Vehicle May Be Backing)

(If The Back Of A Vehicle Is Involved, Its Speed Must Be Set To Zero)

(Some Configurations Involving Heavy Trucks Give Erroneous Results)

Vector Analysis Area	GV27(V01)	GV28(V02)		
Ln. Axis Heading Angle	168	90		
CG Heading Angle	168	90-		
CRASH 3 Slip Angle	0	0		
Weight-Cargo	11	0		
Weight-Vehicle Curb Wt	1052	1003		
Weight-Passenger(s)	99	91		
Weight-Total	1162	1094		
Estimated Speed	56 (35)	40 (25)		
Momentum	65072	43760		
PDOF (Degrees)	37	-65	91	STM
PDOF (Clock Direction)	1	10		
Theoretical Delta V	29.9	31.8		
Theoretical Common Vel.	38.0	Post-Crash CG Heading	138	

CASE VEHICLE REPAIR ESTIMATES

CD LOG NO

DATE 94

SHOP CONTACT:

INSP DATE /94

OWNER
ADDRESS
CITY STATE AVE APT
ZIP WI

HOME PHONE
WORK PHONE

CORRECTION

LIC#
BODY COLOR BLACK
CONDITION EXCL

VIN 1P3ES4735SD
MILEAGE 4935
ACCT'NG CTL#

E=NEW PART EC=ECONOMY PART EU=SALVAGE PART EP=SEE PX REPORT P=CHECK
I=REPAIR/ALIGN/SUBLET L=REFINISH N=ADDITIONAL LABOR OPERATION
TE=PART/PARTIAL REPLACE ET=LABOR/PARTIAL REPLACE IT=LABOR/PARTIAL REPAIR
AA=APPEARANCE ALLOWANCE RP=RELATED PRIOR DAMAGE UP=UNRELATED PRIOR DAMAGE

OPEN FOR POSSIBLE ELECTRICAL PROBLEM. PASS AIR BAG STARTED TO BURN AFTER
COLLISION. MAY ALSO HAVE WATER DAMAGE. POWER STEERING PUMP & AIR COND
COMPRESSOR MAY ALSO BE DAMAGED. INCLUDING BELTS. BATTERY CABLES WERE CUT
BY THE FIRE DEPT.

1995 PLYMOUTH NEON 4 DR SEDAN

OPTNS

OPTIONS: TINTED GLASS
HEATED BACK GLASS

RIGHT REMOTE CONTROL MIRROR
AIR CONDITIONING

OP	GDE	MC	DESCRIPTION	MFG. PART NO.	PRICE	AJ%	HOURS	R
E	006		COVER,FRONT BUMPER	EF08PD7	205.00		1.6	1
L	006		COVER,FRONT BUMPER	REFINISH			2.0	4
E	011		REINF,FRT BMPR COVER	5288003	66.50			1
E	014		RET,FRT BUMPER COVER	LT 5263818	.85			1
E	015		RET,FRT BUMPER COVER	RT 5263818	.85			1
E	019		RET,FRT BUMPER COVER	LT 5263821	3.35			1
E	020		RET,FRT BUMPER COVER	RT 5263820	3.35			1
E	010	01	BRKT,FRONT LIC PLATE	HV39PD7	15.50		.2	1
E	021		ABSORBER,FRONT BUMPER	5263904	40.50			1
E	028		GRILLE ASSEMBLY	4741499	11.25		.3	1
L	028		GRILLE ASSEMBLY	REFINISH			.3	4
E	041		HEADLAMP ASSY,HALOGEN	LT 4761449	142.00		.2	1
E	042		HEADLAMP ASSY,HALOGEN	RT 4761448	142.00		.2	1
N	973		HEADLAMPS AIM	ADDTL LABOR			.5	1
E	056		SEAL,HEADLAMP	LT 5263877	6.95			1
E	057		SEAL,HEADLAMP	RT 5263876	6.95			1
E	048		PARKLAMP ASSEMBLY	LT 4762329	46.25		.1	1
E	049		PARKLAMP ASSEMBLY	RT 4762328	46.25		.1	1
E	083		PANEL,HOOD	4740730	210.00		1.0	1
L	083		PANEL,HOOD	REFINISH			4.0	4
E	092	01	EMBLEM,HOOD PANEL	KS75PPW	11.75		.2	1
E	089		SUPT,HOOD LOCK VERT	4655474	28.75			1
E	084		HINGE,HOOD PANEL	LT 5255565	7.50			1

L	084	HINGE,HOOD PANEL	LT REFINISH		.3	4
E	085	HINGE,HOOD PANEL	RT 5255564	7.50		1
L	085	HINGE,HOOD PANEL	RT REFINISH		.3	4
E	069	07 PANEL,RADIATOR SIDE	LT 4655215	12.50	6.3	1
L	069	PANEL,RADIATOR SIDE	LT REFINISH		.5	4
E	070	07 PANEL,RADIATOR SIDE	RT 4655214	16.75	3.4	1
L	070	PANEL,RADIATOR SIDE	RT REFINISH		.3	4
E	075	07 CRSMBR,RAD PANEL UPR	4655390	48.75	1.4	1
L	075	CRSMBR,RAD PANEL UPR	REFINISH		.2	4
E	079	07 CRSMBR,RAD PNL LOWER	4741415	39.25	1.4	1
L	079	CRSMBR,RAD PNL LOWER	REFINISH		.2	4
E	096	07 SUPT,RADIATOR SD PANEL	LT 4655521	17.25	.6	1
L	096	SUPT,RADIATOR SD PANEL	LT REFINISH		.2	4
E	097	07 SUPT,RADIATOR SD PANEL	RT 4655520	17.25	.6	1
L	097	SUPT,RADIATOR SD PANEL	RT REFINISH		.2	4
E	755	RADIATOR	4740097	280.00		1
E	758	01 SHROUD,RADIATOR	4740102	26.75	.3	1
E	081	SENSOR,AIR BAG	LT 5266291	62.50		2
E	082	SENSOR,AIR BAG	RT 5266291	62.50		2
E	731	CONDENSER,A/C	4740109	320.00		2
E	103	FENDER,FRONT	LT 4741217	150.00	2.0	1
L	103	FENDER,FRONT	LT REFINISH		2.4	4
E	104	FENDER,FRONT	RT 4741216	150.00	2.0	1
L	104	FENDER,FRONT	RT REFINISH		2.4	4
E	529	01 MLDG,FENDER SIDE	L/R FX21PD7	7.60	.2	1
E	530	01 MLDG,FENDER SIDE	R/R FX20PD7	7.60	.2	1
E	107	SKIRT,INNER FENDER	LT 5255551	11.50		1
E	782	MOUNT,ENGINE	4612126	39.75	.2	2
E	796	MOUNT,ENGINE	RT 4668224	28.75	.2	2
E	798	BRKT,ENGINE MOUNT	RT 4668156	32.25	.2	2
E	789	BRKT,ENG MOUNT FRONT	4668005	14.25	.2	2
N	969	SUSP ALIGN,4 WHEEL	ADDTL LABOR		1.8	2
E	870	COIL,IGNITOR	5286453	59.00	1.0	2
E	812	01 MODULE,AIR BAG CONTROL	4625828	320.00	.2	2
E	820	OUTLET,AIR VENT DUCT	RT 5264590	14.75	.1	1
E	869	01 MODULE,PASS AIR BAG	EM28PD5	635.00	.3	2
E	878	01 MODULE,DRIVER AIR BAG	EP92PF8	420.00		2
I	207	DOOR SHELL,FRONT	LT REPAIR/ALIGN		.5*	1
E	208	DOOR SHELL,FRONT	RT 4741332	260.00	4.3	1
L	208	DOOR SHELL,FRONT	RT REFINISH		2.9	4
E	427	01 MLDG,FRONT DOOR SIDE	RT FX22PD7	32.50	.2	1
L	M01	CLEAR COAT	REFINISH		3.6*	4
EC	M03	FLEX ADDITIVE	ECONOMY PART	12.00*		4
EC	M05	RUSTPROOFING	ECONOMY PART	35.00*		4
I	000	UNIBODY-FRAME INCL SETUP	REPAIR/ALIGN		8.0*	3*
I		ECAC & RECHARGE AIR COND	SUBLET	132.05*		1*
E		L&R CAP ASSY. AT AIR BAG	NEW PART	4.90*	.2*	1*
E		STEERING WHEEL BACKING	NEW PART	13.75*	1.0*	1*
E		BATTERY CABLES	NEW PART	53.00*	3.0*	2*

72 ITEMS

MC MESSAGE

01 CALL DEALER FOR EXACT PART # REQUIRED
07 STRUCTURAL PART AS IDENTIFIED BY I-CAR

FINAL CALCULATIONS & ENTRIES

GROSS PARTS	4,161.15
OTHER PARTS	47.00
PAINT MATERIAL	356.40
PARTS TOTAL	4,564.55
TAX ON PARTS & MATERIAL	@ 5.000% 228.23

LABOR	RATE	REPLACE HRS	REPAIR HRS	
1-SHEET METAL	36.00	28.1	1.0	1,047.60
2-MECH/ELEC	38.00	5.3	1.8	269.80
3-FRAME	38.00		8.0	304.00
4-REFINISH	36.00	19.8		712.80
5-PAINT MATERIAL	18.00			
LABOR TOTAL				2,334.20
TAX ON LABOR		@ 5.000%		116.71
SUBLET REPAIRS				132.05
TOWING				
STORAGE				
GROSS TOTAL				7,375.74
NET TOTAL				7,375.74

ADP SHOPLINK U ES LOG 0000347 DATE 09/09/94 11:34:27 R3.1 CD 09/94
 PXN:NN/00/00/00/00
 COPYRIGHT 1994, AUTOMATIC DATA PROCESSING, INC.

 THIS ESTIMATE HAS BEEN PREPARED BASED ON THE USE OF ONE OR MORE REPLACEMENT
 PARTS SUPPLIED BY A SOURCE OTHER THAN THE MANUFACTURER OF YOUR MOTOR
 VEHICLE. WARRANTIES APPLICABLE TO THESE REPLACEMENT PARTS ARE PROVIDED BY TH
 MANUFACTURER OR DISTRIBUTOR OF THE REPLACEMENT PARTS RATHER THAN BY THE
 MANUFACTURER OF YOUR MOTOR VEHICLE.

Appendix A:

POLICE ACCIDENT REPORT

Amended Document On Emergencies

Wisconsin Motor Vehicle Accident Report

Document Number Override

INSTRUCTIONS

Please use a Black Ink Pen or #2 Pencil.

Mark Areas as shown:

Correct Mark

Incorrect Marks

Reportable Accident

N

County MUN/TWP

59 61
0 0 0 0
1 1 1 1
2 2 2 2
3 3 3 3
4 4 4 4
5 5 5 5
6 6 6 6
7 7 7 7
8 8 8 8
9 9 9 9

Accident Date

MONTH DAY YEAR
Jan Feb 94
Mar 199 0
Apr 1
May 2
June 3
July 4
Aug 5
Sept 6
Oct 7
Nov 8
Dec 9

Time of Accident (Military Time)

HOUR MIN
17 24
0 0 0 0
1 1 1 1
2 2 2 2
3 3 3 3
4 4 4 4
5 5 5 5
6 6 6 6
7 7 7 7
8 8 8 8
9 9 9 9

Total Number

UNITS INJURED KILLED
02 03 00
0 0 0 0
1 1 1 1
2 2 2 2
3 3 3 3
4 4 4 4
5 5 5 5
6 6 6 6
7 7 7 7
8 8 8 8
9 9 9 9

Hit & Run

Government Property

Fire (Narrative)

Photos Taken (Narrative)

Trailer or Towed (Narrative)

Truck or Bus (Last Page)

Load Spillage

Construction Zone

Names Exchanged

Sheet No.
Of

101 1

ACCIDENT LOCATION

Public Highway, Intersection/Related
Public Highway, Non-Intersection
Parking Lot
Private Property or Road

LATITUDE (GPS) Degrees: Minutes: Seconds:		LONGITUDE (GPS) Degrees: Minutes: Seconds:	
ON Hwy No. and / Street Name		FROM/AT Hwy No. and / Street Name	
House # Fire # Other		Agency Space	
Unit Number Unit Type Total Number of Occupants Direction of Travel (Before the Accident)		Unit Number Unit Type Total Number of Occupants Direction of Travel (Before the Accident)	
Speed Limit OPERATOR Last NAME First M.I.		Speed Limit OPERATOR Last NAME First M.I.	
ADDRESS Street & Number		ADDRESS Street & Number	
City & State ZIP Phone Number ()		City & State ZIP Phone Number ()	
Driver's License Number State Exp. Year		Driver's License Number State Exp. Year	
Date of Birth Sex Operating as Classified: Class (Mark Only One) Endorse (Mark All That Apply)		Date of Birth Sex Operating as Classified: Class (Mark Only One) Endorse (Mark All That Apply)	
On Duty Accident		On Duty Accident	
Severity SEAT SAFETY AIRBAG EJECTED		Severity SEAT SAFETY AIRBAG EJECTED	
TRAPPED/ EXTRICATED		TRAPPED/ EXTRICATED	
Vehicle Owner Last Name First M.I.		Vehicle Owner Last Name First M.I.	
Street Address		Street Address	
City & State ZIP Phone Number ()		City & State ZIP Phone Number ()	
Year of Vehicle Make Model Body Style Color		Year of Vehicle Make Model Body Style Color	
Vehicle ID Number		Vehicle ID Number	
License Plate Number Plate Type State Exp. Year		License Plate Number Plate Type State Exp. Year	
Policy Holder's Name		Policy Holder's Name	
Liability Insurance Company Stat. #		Liability Insurance Company Stat. #	
Occupant Unit Number		Occupant Unit Number	
ADDRESS Street & Number City & State ZIP		ADDRESS Street & Number City & State ZIP	
Address Same as Operator		Address Same as Operator	
EJECTED		EJECTED	
TRAPPED/ EXTRICATED		TRAPPED/ EXTRICATED	
Medical Transport		Medical Transport	
Agency Space		Agency Space	
EMS Number		EMS Number	

MV4000 1293

Occupant Unit Number 2 3 4 5 6 7 8 9 10	NAME Last First M.I. Date of Birth Sex	Severity K A B C	SEAT Position 3	SAFETY Equipment 1	AIRBAG 1 Deployed 2 Non Deployed 3 Not Applicable 4 Unknown
	ADDRESS Street & Number City & State ZIP				
Address Same as Operator Yes No	EJECTED 1 Not Applicable 2 Not Ejected 3 Totally Ejected 4 Partially Ejected 5 Unknown	TRAPPED/EXTRICATED 1 Not Applicable 2 Not Trapped 3 Trapped/Extricated 4 Trapped/Not Extricated 5 Unknown	Medical Transport Y N	Agency Space	

Type of Accident

First Harmful Event (N1)
Most Harmful Event

Unit Number 1 2 3 4 5 6 7 8 9 10	Unit Number 1 2 3 4 5 6 7 8 9 10
--	--

(select one per vehicle)

Collision With Object Not Fixed

1 Motor Vehicle in Transport	2 Parked Motor Vehicle	3 Deer	4 Pedalcycle	5 Pedestrian	6 Railway Train	7 Other Animal	8 Motor Vehicle in Transport In Other Roadway	9 Other Object (Not Fixed)
------------------------------	------------------------	--------	--------------	--------------	-----------------	----------------	---	----------------------------

Collision With Fixed Object

10 Traffic Sign Post	11 Traffic Signal	12 Utility Pole	13 Lum. Light Support	14 Other Post	15 Tree	16 Mailbox	17 Guardrail Face	18 Guardrail End	19 Median Barrier	20 Bridge Parapet End	21 Bridge/Pier/Abut.	22 Impact Attenuator	23 Overhead Sign Post	24 Bridge Rail	25 Culvert	26 Ditch	27 Curb	28 Embankment	29 Fence	30 Other Fixed Object	31 Unknown
----------------------	-------------------	-----------------	-----------------------	---------------	---------	------------	-------------------	------------------	-------------------	-----------------------	----------------------	----------------------	-----------------------	----------------	------------	----------	---------	---------------	----------	-----------------------	------------

Non-Collision

32 Overturn	33 Fire/Explosion	34 Immersion	35 Jackknife	36 Other Non-Collision
-------------	-------------------	--------------	--------------	------------------------

Driver Condition

Unit Number 1 2 3 4 5 6 7 8 9 10

Driver Factors (Or Pedestrians)

1 Appeared Normal	2 Reduced Alertness	3 Ability Impaired	4 Not Observed
-------------------	---------------------	--------------------	----------------

Presence

Neither Alcohol nor Drugs Present

5 Yes—Alcohol Present	6 Yes—Drugs Present	7 Yes—Alcohol & Drugs Present	8 Unknown
-----------------------	---------------------	-------------------------------	-----------

Alcohol

AC Value

9 Test Not Given	10 Test Refused	11 Test Given, Alcohol Unknown	12 Test Given, No Alcohol Reported
------------------	-----------------	--------------------------------	------------------------------------

Drugs

13 Test Not Given	14 Test Refused	15 Test Given, Drugs Unknown	16 Test Given, No Drugs Reported	17 Drugs Reported (Specify Below)			
18 Marijuana	19 Cocaine	20 Opiates	21 Amphetamines	22 PCP	23 Other Drug Medication	24 Type Unknown	25

Unit # 1 2 3 4 5 6 7 8 9 10

Pedestrian

Location 1 In Crosswalk 2 In Roadway 3 Not in Roadway 4 On Sidewalk

Action 1 Walking not Facing Traffic 2 Disregarded Signal 3 Darting into Road 4 Dark Clothing 5 Walking Facing Traffic

Manner of Collision

1 No Collision with Motor Vehicle in Transport

2 Rear-end

3 Head On

4 Rear to Rear

5 Angle

6 Sideswipe, Same Direction

7 Sideswipe, Opposite Direction

8 Unknown

Unit # 1 2 3 4 5 6 7 8 9 10

Darken Numbered Area(s) of Vehicle Damage

1 None 2 Undercarriage 3 Total (Damage to all Areas) 4 Other 5 Unknown

Extent of Damage

1 None 2 Very Minor 3 Moderate 4 Severe 5 Very Severe 6 Unknown

Vehicle Towed Due to Damage? N Y

Vehicle Removed By: 974

Unit # 1 2 3 4 5 6 7 8 9 10

Darken Numbered Area(s) of Vehicle Damage

1 None 2 Undercarriage 3 Total (Damage to all Areas) 4 Other 5 Unknown

Extent of Damage

1 None 2 Very Minor 3 Moderate 4 Severe 5 Very Severe 6 Unknown

Vehicle Towed Due to Damage? N Y

Vehicle Removed By: 974

Fixed Object Struck

Unit	Unit	Unit	Unit	Unit	Unit
82					

Govt. Damage Tag # 85

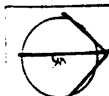
PROPERTY

First M.I.

OWNER #

ADDRESS Street & Number

City & State ZIP Phone Number ()



Draw Diagram of Accident &
Indicate North with an arrow in the circle.

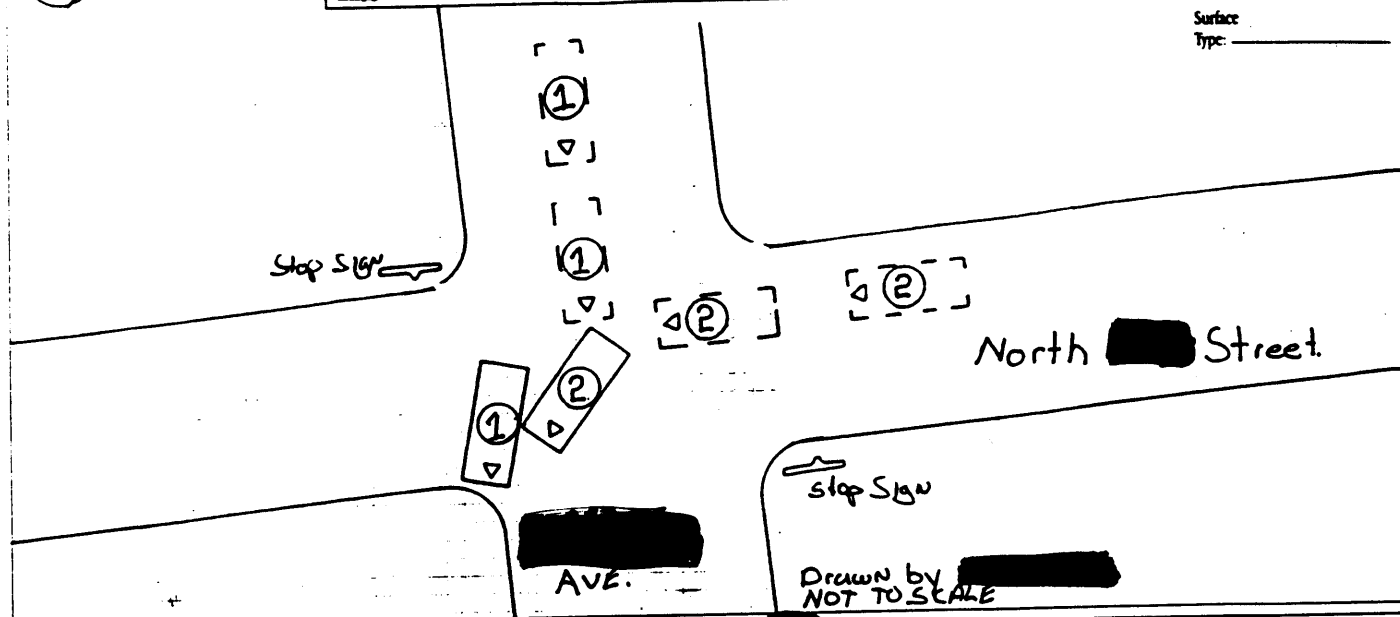
Pictorial Representation of Narrative

Supplemental Reports 101 (Y) (N) Witness Statements 102 (Y) (N) Measurements Taken 103 (Y) (N)

Stademarks to Impact
Unit 1 104 Unit 2 105

FEET

Surface
Type:



N Unit #1 E/B on [redacted] Avenue approaching N. [redacted] Street.
A Unit #1 stopped for stop sign E/B [redacted] at N. [redacted] Street.
R Unit #1 operator states she thought intersection was clear
A as she observed no vehicles on N. [redacted] St. Unit #1 entered
T intersection. Unit #2 was S/B on N. [redacted] St. approaching
I [redacted] Ave. Unit #2 struck Unit #1 as it entered inter-
V section. Driver #1 sustained approximately 1' laceration to
E left lower leg. Unit #2 operator complained of pain to left
forearm and right hand. Unit #2 passenger sustained friction
burns to nose and face due to air bag inflating.

Photos By:
105

What Drivers Were Doing

Unit Number	Unit Number
1 2 3 4 5	1 2 3 4 5
6 7 8 9 10	6 7 8 9 10
11 12 13 14 15	11 12 13 14 15
16 17 18	16 17 18
19 20	19 20
21 22 23 24 25	21 22 23 24 25
26 27 28 29 30	26 27 28 29 30
31 32 33 34 35	31 32 33 34 35
36 37 38 39 40	36 37 38 39 40
41 42 43 44 45	41 42 43 44 45
46 47 48 49 50	46 47 48 49 50
51 52 53 54 55	51 52 53 54 55
56 57 58 59 60	56 57 58 59 60
61 62 63 64 65	61 62 63 64 65
66 67 68 69 70	66 67 68 69 70
71 72 73 74 75	71 72 73 74 75
76 77 78 79 80	76 77 78 79 80
81 82 83 84 85	81 82 83 84 85
86 87 88 89 90	86 87 88 89 90
91 92 93 94 95	91 92 93 94 95
96 97 98 99 100	96 97 98 99 100
101 102 103 104 105	101 102 103 104 105
106 107 108 109 110	106 107 108 109 110
111 112 113 114 115	111 112 113 114 115
116 117 118 119 120	116 117 118 119 120
121 122 123 124 125	121 122 123 124 125
126 127 128 129 130	126 127 128 129 130
131 132 133 134 135	131 132 133 134 135
136 137 138 139 140	136 137 138 139 140
141 142 143 144 145	141 142 143 144 145
146 147 148 149 150	146 147 148 149 150
151 152 153 154 155	151 152 153 154 155
156 157 158 159 160	156 157 158 159 160
161 162 163 164 165	161 162 163 164 165
166 167 168 169 170	166 167 168 169 170
171 172 173 174 175	171 172 173 174 175
176 177 178 179 180	176 177 178 179 180
181 182 183 184 185	181 182 183 184 185
186 187 188 189 190	186 187 188 189 190
191 192 193 194 195	191 192 193 194 195
196 197 198 199 200	196 197 198 199 200

WITNESS Last	First	M.I.
NAME 107		
ADDRESS Street & Number	Date of Birth	
108	109	
City & State	Phone	
110	Number 111 ()	

ACCESS CONTROL 112
1 No Control (Unlimited Access)
2 Full Control (Only Ramp Entry/Exit)
3 Partial Control

ROAD TERRAIN 113
Part A
1 Straight
2 Curve
Part B
3 Level/Flat
4 Hill

LIGHT CONDITION 114
1 Daylight
2 Dark-Not Lighted
3 Dark-Lighted
4 Dawn
5 Dusk
6 Unknown

TRAFFIC WAY 115
1 Not Physically Divided (2-Way Traffic)
2 Divided Highway, Median Strip, without Traffic Barrier
3 Divided Highway, Median Strip, with Traffic Barrier
4 One-Way Traffic
5 Parking Lot or Private Property

ROAD SURFACE CONDITION 116
1 Dry
2 Wet
3 Snow/Slush
4 Ice
5 Sand, Mud, Dirt, Oil
6 Other
7 Unknown

WEATHER
1 Clear
2 Cloudy
3 Rain
4 Snow
5 Fog, Smog, Smoke
6 Sleet, Hail (Freezing Rain or Drizzle)
7 Blowing Sand, Soil, Dirt, Snow
8 Severe Crosswinds
9 Other
10 Unknown

RELATION TO ROADWAY 117
1 On Roadway
2 Parking Lot or Private Property
3 Shoulder (Other than Shoulder within Median or Gore)
4 Median (Other than Median within Gore)
5 Outside Shoulder-Left
6 Outside Shoulder-Right
7 Off Roadway-Location Unknown
8 Gore (Area between Ramp & Highway)
9 On Ramp
10 Unknown

Traffic Control

Unit Number	Unit Number
1 2 3 4 5	1 2 3 4 5
6 7 8 9 10	6 7 8 9 10
11 12 13 14 15	11 12 13 14 15
16 17 18 19 20	16 17 18 19 20
21 22 23 24 25	21 22 23 24 25
26 27 28 29 30	26 27 28 29 30
31 32 33 34 35	31 32 33 34 35
36 37 38 39 40	36 37 38 39 40
41 42 43 44 45	41 42 43 44 45
46 47 48 49 50	46 47 48 49 50
51 52 53 54 55	51 52 53 54 55
56 57 58 59 60	56 57 58 59 60
61 62 63 64 65	61 62 63 64 65
66 67 68 69 70	66 67 68 69 70
71 72 73 74 75	71 72 73 74 75
76 77 78 79 80	76 77 78 79 80
81 82 83 84 85	81 82 83 84 85
86 87 88 89 90	86 87 88 89 90
91 92 93 94 95	91 92 93 94 95
96 97 98 99 100	96 97 98 99 100
101 102 103 104 105	101 102 103 104 105
106 107 108 109 110	106 107 108 109 110
111 112 113 114 115	111 112 113 114 115
116 117 118 119 120	116 117 118 119 120
121 122 123 124 125	121 122 123 124 125
126 127 128 129 130	126 127 128 129 130
131 132 133 134 135	131 132 133 134 135
136 137 138 139 140	136 137 138 139 140
141 142 143 144 145	141 142 143 144 145
146 147 148 149 150	146 147 148 149 150
151 152 153 154 155	151 152 153 154 155
156 157 158 159 160	156 157 158 159 160
161 162 163 164 165	161 162 163 164 165
166 167 168 169 170	166 167 168 169 170
171 172 173 174 175	171 172 173 174 175
176 177 178 179 180	176 177 178 179 180
181 182 183 184 185	181 182 183 184 185
186 187 188 189 190	186 187 188 189 190
191 192 193 194 195	191 192 193 194 195
196 197 198 199 200	196 197 198 199 200

Officer's Opinion of Possible Contributing Circumstances

Document Number Override

Driver Factors	
Unit Number	Unit Number
1 2 3 4 5	1 2 3 4 5
6 7 8 9 10	6 7 8 9 10
N/A	N/A
1 Exceeding Speed Limit	1
2 Speed too Fast Condition	2
3 Fail to Yield Right of Way	3
4 Inattentive Driving	4
5 Following too Close	5
6 Improper Turn	6
7 Left of Center	7
8 Disregarded Traffic Control	8
9 Improper Overtaking	9
10 Unsafe Backing	10
11 Failure to have Control	11
12 Driver Condition	12
13 Physically Disabled	13
14 Other	14

Vehicle Factors	
Unit Number	Unit Number
1 2 3 4 5	1 2 3 4 5
6 7 8 9 10	6 7 8 9 10
N/A	N/A
1 Brake System	1
2 Tires	2
3 Steering System	3
4 Turn Signals	4
5 Head Lamps	5
6 Stop Lamps	6
7 Tail Lamps	7
8 Disabled in Prior Accident	8
9 Other Disabled	9
10 Mirrors	10
11 Suspension System	11
12 Other	12

Highway Factors	
Unit Number	Unit Number
1 2 3 4 5	1 2 3 4 5
6 7 8 9 10	6 7 8 9 10
N/A	N/A
1 Snow, Ice or Wet	1
2 Narrow shoulder	2
3 Low Shoulder	3
4 Soft Shoulder	4
5 Loose Gravel	5
6 Rough Pavement	6
7 Debris from Prior Accident	7
8 Other Debris	8
9 Sign Obscured or Missing	9
10 Narrow Bridge	10
11 Construction Zone	11
12 Visibility Obscured	12
13 Other	13

OFFICER INFORMATION

Last	First	M.I.
Law Enforcement Agency Address		
City & State		
Phone Number		
Agency #	Enforcement Agency	Officer ID #

Date Notified			Time Notified (Military Time)		Time Arrived (Military Time)		Date of Report		
MONTH	DAY	YEAR	HOUR	MIN	HOUR	MIN	MONTH	DAY	YEAR
Jan			1	7	2	5	Jan		
Feb		94					Feb		94
Mar		199 0	0	0	0	0	Mar		199 0
Apr			1	1	1	1	Apr		1
May			2	2	2	2	May		2
June			3	3	3	3	June		3
July			4	4	4	4	July		
Aug			5	5	5	5	Aug		5
Sept			6	6	6	6	Sept		6
Oct			7	7	7	7	Oct		7
Nov			8	8	8	8	Nov		8
Dec			9	9	9	9	Dec		9

Truck & Bus Accident Information (This Section Must Be Completed for Each Truck or Bus Involved in this Accident.)

When To Use This Section:		Did the accident involve...	
Part A			
A truck with at least two axles and six tires?	Y		
A truck with a hazardous materials placard?	Y		
A bus designed to carry 16 or more persons, including the driver?	Y		
STOP! If all the responses to Part A are "NO" do not complete this Truck & Bus Accident Information Section. If there are any "YES" answers, continue to Part B.			
Part B			
Any person who was fatally injured?	Y	N	
Any injured person requiring transport for immediate medical treatment?	Y	N	
One or more vehicles that had to be towed from the scene as a result of the accident?	Y	N	
One or more vehicles that required repair or were provided assistance before proceeding from scene under own power?	Y	N	
STOP! If all the responses to Part B are "NO" do not continue. If there are any "YES" answers, please complete this Truck & Bus Accident Information Section.			

Hazardous Material Information	
Hazardous Material Class Numbers (1-2digit):	
Hazardous Material "UN" Numbers (+ digit):	
Hazardous Material Placard Displayed?	Y N
Hazardous Cargo was Released?	Y N
List the Hazardous Material(s) by name in this load:	
List the Name(s) of Released Hazardous Material(s):	

Carrier Information		Carrier Identification Numbers		Source:	
Interstate Carrier?	Y N	US DOT (40)	LC	Vehicle Side	
Carrier Name	139	ICC MC	IC	Shipping Papers	
		Carrier Address		Trip Manifest	
				Driver	
				Log Book	

Vehicle Information		Gross Vehicle Weight Rating	LBS	Total # of Axles
Vehicle Configuration				
1 Bus	3 Single unit truck 4+ axles			
2 Single unit truck 2 axles, 6 tires	4 Truck & Trailer			
	5 Truck Trailer			
	6 Tractor Trailer			
	7 Tractor Trailer			
	8 Tractor Trailer			
	9 Unknown Heavy Truck			
	10 Log Truck			
SEQUENCE OF EVENTS FOR THIS VEHICLE				
1 2 3 4	Ran off Road	1 2 3 4	Collision involving motor vehicle in transp.	
1 2 3 4	Jackknife	1 2 3 4	Collision involving parked motor vehicle	
1 2 3 4	Overtaken (Rollover)	1 2 3 4	Collision involving train	
1 2 3 4	Downhill Runaway	1 2 3 4	Collision involving pedalcycle	
1 2 3 4	Cargo Loss or Shift	1 2 3 4	Collision involving animal	
1 2 3 4	Explosion or Fire	1 2 3 4	Collision involving fixed object	
1 2 3 4	Separation of Units	1 2 3 4	Collision involving other object	
1 2 3 4	Collision involving pedestrian	1 2 3 4	Other	
Cargo Body Type				
1 Bus	6 Tanker			
2 Van/Truck Body	7 Trailer Transporter			
3 Cargo Tank	8 Tanker Refuse			
4 Flatbed	9 Other			
5 Dump	10 Log Truck			

INCIDENT RECAP REPORT

ALARM [REDACTED] ADDRESS [REDACTED] Street & [REDACTED] Avenue DATE [REDACTED] 4

P.I.D. [REDACTED] GRID [REDACTED]

Person Submitting [REDACTED]
Report [REDACTED] Title Shift Commander [REDACTED] Unit [REDACTED]

On [REDACTED] 1994, at approximately 1735 hours, the [REDACTED] Fire Department Dispatch Center received a report of a vehicular accident at [REDACTED] & [REDACTED] Avenue with one of the vehicles smoking. Initial notification was made via a police officer on scene.

A single alarm was subsequently dispatched. The following units responded on the first alarm: Engine # [REDACTED] and Command # [REDACTED].

Command # [REDACTED] and Engine # [REDACTED] arrived simultaneously and discovered a two vehicle accident with fluids leaking and the occupants of both vehicles slightly injured. The report of the vehicle smoking stemmed from the passenger side air bag in a 1995 Plymouth Neon smoldering after it had been deployed. The air bag actually caught fire and melted soon after deployment. A portable water fire extinguisher was used to cool the air bag. Absorbent was used to cover the fluids leaking from the 1995 Neon and firefighters then attended to two of the four people that were involved in this accident. It should be noted that all the individuals in this accident refused transport to a medical facility and therefore [REDACTED] was not contacted.

Firefighters rendered first aid in the form of low flow oxygen to the driver of one vehicle who as extremely upset by the events that had occurred and also administering an ice pack to the face of a juvenile male who suffered rug burn type injuries to his face due to the deployment of the air bag. The owner of the Plymouth Neon was issued a Hazardous Substance Spill letter and was informed of the city's policy for cleanup cost. A Hazardous Materials Invoice should accompany this report which consisted of one bag of absorbent with disposal.

This incident concluded at 1828 hours with all fire suppression units back in service.

WISCONSIN FIRE INCIDENT REPORTING SYSTEM

ENTER NAME OF FIRE DEPT. _____

BEST AVAILABLE COPY

A	10	FDID	INCIDENT NO.	EXP.	MO.	YEAR	DAY OF WEEK	ALARM TIME	ARRIVAL TIME	BACK IN SERVICE
						914	1 Sunday 3 Tuesday 5 Thursday 6 Friday 7 Saturday	5 1723	11741	11828
B	SITUATION FOUND	11 <input type="checkbox"/> Structure fire 13 <input checked="" type="checkbox"/> Vehicle fire 14 <input type="checkbox"/> Brush, grass, leaves 15 <input type="checkbox"/> Trash, rubbish 16 <input type="checkbox"/> Explosion, no after fire 17 <input type="checkbox"/> Outside spill with fire 19 <input type="checkbox"/> Other fires not classified 29 <input type="checkbox"/> Overpressure rupture 32 <input type="checkbox"/> Emergency medical call 33 <input type="checkbox"/> Locked-in trapped 34 <input type="checkbox"/> Search 35 <input type="checkbox"/> Extinction 39 <input type="checkbox"/> Rescue-not classified 41 <input checked="" type="checkbox"/> Soil leak-no fire 44 <input type="checkbox"/> Power line down 45 <input type="checkbox"/> Arcing electric equipment 46 <input type="checkbox"/> Aircraft standby 47 <input type="checkbox"/> Chemical spill 49 <input type="checkbox"/> Hazardous condition 52 <input type="checkbox"/> Water removal 53 <input type="checkbox"/> Smoke removal 54 <input type="checkbox"/> Animal rescue 55 <input type="checkbox"/> Assist police 56 <input type="checkbox"/> Unauthorized burning 57 <input type="checkbox"/> Move-up 59 <input type="checkbox"/> Other service calls 61 <input type="checkbox"/> Smoke scare 63 <input type="checkbox"/> Controlled burn 65 <input type="checkbox"/> Steam gas mistaken for smoke 71 <input type="checkbox"/> Malicious false 72 <input type="checkbox"/> Bomb scare 73 <input type="checkbox"/> Alarm malfunction 74 <input type="checkbox"/> Unintentional false Other Code _____								
		ACTION TAKEN 1 <input checked="" type="checkbox"/> Extinguishment 2 <input type="checkbox"/> Rescue or assistance 3 <input type="checkbox"/> Investigation only 4 <input type="checkbox"/> Remove hazard 5 <input type="checkbox"/> Stand by 6 <input type="checkbox"/> Salvage 7 <input type="checkbox"/> Ambulance 8 <input type="checkbox"/> Fill in move up 9 <input type="checkbox"/> Not classified 0 <input type="checkbox"/> Undetermined 3 MUTUAL AID 1 <input type="checkbox"/> Rec'd 2 <input type="checkbox"/> Given								
C	D	FIXED PROPERTY USE (Occupancy) <u>PAVED PUBLIC STREET</u> IGNITION FACTOR <u>OPERATIONAL DEFICIENCY</u> CORRECT ADDRESS (Up to maximum of 21 characters) <u>AVE & ST.</u> ZIP CODE <u>53001</u> CENSUS TRACT <u>700</u>								
		OCCUPANT NAME (LAST, FIRST, MI) <u>DOB</u> TELEPHONE <u>ROOM or APT #</u> OWNER NAME (LAST, FIRST, MI) ADDRESS <u>AVE</u> TELEPHONE <u></u>								
E	F	METHOD OF ALARM 4 <input checked="" type="checkbox"/> Radio 8 <input type="checkbox"/> Voice signal municipal alarm signal 1 <input type="checkbox"/> Telephone direct 5 <input type="checkbox"/> Verbal 9 <input type="checkbox"/> Not classified above 2 <input type="checkbox"/> Municipal alarm system 6 <input type="checkbox"/> No alarm rec'd 0 <input type="checkbox"/> Undetermined or not reported 3 <input type="checkbox"/> Private alarm system 7 <input type="checkbox"/> Tie-line (911)								
		CO. INSPECTION DISTRICT <u>4</u> SHIFT <u>13</u> NO. ALARMS <u>1</u>								
G	H	NO. FIRE SERVICE PERSONNEL RESPONDED <u>001</u> NO. ENGINES RESPONDED <u>001</u> NO. AERIAL APPARATUS RESPONDED <u>1</u> NO. OTHER VEHICLES RESPONDED <u>001</u>								
		NUMBER OF INJURIES FIRE SERVICE <u></u> CIVILIAN <u></u> NUMBER OF FATALITIES FIRE SERVICE <u></u> CIVILIAN <u></u>								
J	K	COMPLEX <u>ROAD</u> MOBILE PROPERTY TYPE (Complete Line S) <u>19.6</u> <u>AUTOMOBILE</u>								
		AREA OF FIRE ORIGIN <u>PASSENGER COMPARTMENT</u> EQUIPMENT INVOLVED IN IGNITION (Complete Line T) <u>VEHICLE</u>								
L	M	FORM OF HEAT IGNITION <u>AIR BAG DEPLOYMENT</u> TYPE OF MATERIAL IGNITED <u>UNDETERMINED</u> FORM OF MATERIAL IGNITED <u>AIR BAG</u>								
		METHOD OF EXTINGUISHMENT <input checked="" type="checkbox"/> Self extinguished 2 <input type="checkbox"/> Make shift aids 5 <input type="checkbox"/> Pre-connect hose/lank only 8 <input type="checkbox"/> Master stream device 3 <input type="checkbox"/> Portable extinguisher 6 <input type="checkbox"/> Portable extinguisher 9 <input type="checkbox"/> Pre-connect hose/hydrant draft standpipe 4 <input type="checkbox"/> Automatic ext. system 7 <input type="checkbox"/> Hand-laid hose/hydrant draft standpipe 0 <input type="checkbox"/> Undetermined or not reported								
N	O	LEVEL OF FIRE ORIGIN 1 <input checked="" type="checkbox"/> Grade level to 9 ft 6 <input type="checkbox"/> Over 70 feet 2 <input type="checkbox"/> 10 to 19 feet 7 <input type="checkbox"/> Objects in flight 3 <input type="checkbox"/> 20 to 29 feet 8 <input type="checkbox"/> Below ground level 4 <input type="checkbox"/> 30 to 49 feet 9 <input type="checkbox"/> Not classified above 5 <input type="checkbox"/> 50 to 70 feet 0 <input type="checkbox"/> Under mined								
		ESTIMATED TOTAL DOLLAR LOSS (DO NOT SHOW CENTS) <u>1</u> NFIRS 1 LAYOUT 4 DISCLAIMER: No representation is made, intended, or implied as to the validity or accuracy of information shown.								
P	Q	Number of Stories 1 <input type="checkbox"/> 1 story 4 <input type="checkbox"/> 5 to 6 stories 7 <input type="checkbox"/> 25 to 49 stories 2 <input type="checkbox"/> 2 story 5 <input type="checkbox"/> 7 to 12 stories 8 <input type="checkbox"/> 50 stories or more 3 <input type="checkbox"/> 3 to 4 stories 6 <input type="checkbox"/> 13 to 24 stories 0 <input type="checkbox"/> Number of stories undetermined or not reported								
		CONSTRUCTION TYPE 1 <input type="checkbox"/> Fire resistive 6 <input type="checkbox"/> Unprotected ordinary 2 <input type="checkbox"/> Heavy timber 7 <input type="checkbox"/> Protected wood frame 3 <input type="checkbox"/> Protected noncombustible 8 <input type="checkbox"/> Unprotected wood frame 4 <input type="checkbox"/> Unprotected noncombustible 9 <input type="checkbox"/> Not classified above 5 <input type="checkbox"/> Protected ordinary 0 <input type="checkbox"/> Undetermined or not reported								
R	S	EXTENT OF DAMAGE 1 <input type="checkbox"/> Confined to the object of origin 2 <input type="checkbox"/> Confined to part of room or area of origin 3 <input type="checkbox"/> Confined to room of origin 4 <input type="checkbox"/> Confined to the fire-rated comp. of origin 5 <input type="checkbox"/> Confined to floor of origin 6 <input type="checkbox"/> Confined to structure of origin 7 <input type="checkbox"/> Extended beyond structure of origin								
		DETECTOR PERFORMANCE 1 <input type="checkbox"/> Det. in room or space of fire origin - oper. 2 <input type="checkbox"/> Det. not in rm. or space of fire origin - oper. 3 <input type="checkbox"/> Det. in rm. or space of origin - no oper. 4 <input type="checkbox"/> Det. not in rm. or space of origin - no oper. 5 <input type="checkbox"/> Det. not in rm. or space of fire origin but fire too small to oper. 9 <input type="checkbox"/> Not classified above 0 <input type="checkbox"/> Undetermined or not reported 8 <input type="checkbox"/> No detectors present								
T	U	TYPE OF MATERIAL GENERATING MOST SMOKE IF SMOKE SPREAD BEYOND ROOM OF ORIGIN 1 <input type="checkbox"/> Air handling duct 4 <input type="checkbox"/> Stairwell 2 <input type="checkbox"/> Corridor 5 <input type="checkbox"/> Opening in construction 3 <input type="checkbox"/> Elevator shaft 6 <input type="checkbox"/> Utility opening in wall 7 <input type="checkbox"/> Utility opening in floor 9 <input type="checkbox"/> Not classified above 0 <input type="checkbox"/> Undetermined or not reported 8 <input type="checkbox"/> No avenue of smoke travel								
		FORM OF MATERIAL GENERATING MOST SMOKE IF SMOKE SPREAD BEYOND ROOM OF ORIGIN								
S	T	IF MOBILE PROPERTY YEAR <u>95</u> MAKE <u>PLYMOUTH</u> MODEL <u>NEON</u> SERIAL NO. <u>1P3ES47C5SD</u> LICENSE NO. <u>W1</u>								
		IF EQUIPMENT INVOLVED IN IGNITION YEAR <u>95</u> MAKE <u>PLYMOUTH</u> MODEL <u>NEON</u> SERIAL NO. <u>1P3ES47C5SD</u>								

SBD 5301 (R. 12/88)

MEMBER MAKING REPORT

DATE

94

COMPLETE FOR ALL INCIDENTS

COMPLETE FOR ALL FIRES

COMPLETE IF STRUCTURE FIRE

Appendix B:

**CRASHPC PROGRAM RESULTS,
SMASH PROGRAM RESULTS, AND
EDCRASH PROGRAM RESULTS**



U.S. Department of Transportation
National Highway Traffic Safety
Administration

CRASHPC PROGRAM SUMMARY

(All Measurements in Metric)

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

Identifying Title

10
Primary
Sampling Unit

9416
Case No.-Stratum

01
Accident Event
Sequence No.

Date (Month, day, year) of Run

CRASHPC Vehicle Identification

Vehicle 1

95

Plymouth

NEON

1

Vehicle 2

86

Dodge

OMNI

2

Year

Make

Model

NASS
Ven. No.

GENERAL INFORMATION

VEHICLE 1

Size

3

Weight

1052 + 99 + 11 = 1162 kg
Curb Occupant(s) Cargo

CDC

01FDEW1

PDOF (-180 to +180)

30°

Stiffness

9
168

VEHICLE 2

Size

2

Weight

1003 + 91 + 0 = 1094 kg
Curb Occupant(s) Cargo

CDC

10LFEW2

PDOF (-180 to +180)

70°

Stiffness

2
90

SCENE INFORMATION

Rest and Impact Positions ☐ No, Go To Damage Information ☐ Yes

VEHICLE 1

Rest
Position

X _____ m
Y _____ m
PSI _____ °

Impact
Position

X _____ m
Y _____ m
PSI _____ °

Slip Angle(-180 to +180)

_____ °

VEHICLE 2

Rest
Position

X _____ m
Y _____ m
PSI _____ °

Impact
Position

X _____ m
Y _____ m
PSI _____ °

Slip Angle (-180 to +180)

_____ °

VEHICLE MOTION

Sustained Contact ☐ No ☐ Yes

VEHICLE 1

Vehicle Rotation

☐ No ☐ Yes

Rotation Stop Before Rest

☐ No ☐ Yes

End of Rotation
Position

X _____ m
Y _____ m
PSI _____ °

Curved Path

☐ No ☐ Yes

Point on Path

X _____ m Y _____ m

Rotation Direction

☐ None ☐ CW ☐ CCW

Rotation >360°

☐ No ☐ Yes

VEHICLE 2

Vehicle Rotation

☐ No ☐ Yes

Rotation Stop Before Rest

☐ No ☐ Yes

End of Rotation
Position

X _____ m
Y _____ m
PSI _____ °

Curved Path

☐ No ☐ Yes

Point on Path

X _____ m Y _____ m

Rotation Direction

☐ None ☐ CW ☐ CCW

Rotation >360°

☐ No ☐ Yes

National Accident Sampling System-Crashworthiness Data System: CRASHPC Program Summary

FRICTION INFORMATION

Coefficient of Friction _____
Rolling Resistance Option _____

Vehicle 1 Rolling Resistance

LF _____ RF _____
LR _____ RR _____

Vehicle 2 Rolling Resistance

LF _____ RF _____
LR _____ RR _____

TRAJECTORY INFORMATION

Trajectory Data [] No [] Yes

If No, Go To Damage Information

Vehicle 1 Steer Angles

LF _____ ° RF _____ °
LR _____ ° RR _____ °

Vehicle 2 Steer Angles

LF _____ ° RF _____ °
LR _____ ° RR _____ °

Terrain Boundary [] No [] Yes

First Point

X _____ m Y _____ m

Second Point

X _____ m Y _____ m

Secondary Coefficient of Friction _____

DAMAGE INFORMATION

VEHICLE 1

Damage Length L 140 cm

Crush Depths
C₁ _____ 2 cm
C₂ _____ 7 cm
C₃ _____ 3 cm
C₄ _____ 5 cm
C₅ _____ 4 cm
C₆ _____ 10 cm

Damage Offset D ⊕ 15 cm

VEHICLE 2

Damage Length L 180 cm

Crush Depths
C₁ _____ 0 cm
C₂ _____ 8 cm
C₃ _____ 22 cm
C₄ _____ 10 cm
C₅ _____ 8 cm
C₆ _____ 2 cm

Damage Offset D ⊕ 143 cm

← Reversed
No consequence

IF THIS COMMON IMPACT WAS WITH A MOTOR VEHICLE NOT IN TRANSPORT, FILL IN THE INFORMATION BELOW.

Model Year: _____
Make: _____
Model: _____
VIN: _____

The Weight, CDC, Scene Data and Damage Information for this vehicle should be recorded above.

Complete and ATTACH the appropriate vehicle damage sketch and dimensions to the Form.

SUMMARY OF CRASHPC RESULTS USING DAMAGE

SCI94-16

SPEED CHANGE (DAMAGE)

VEHICLE #1

TOTAL 16 KPH (10 MPH)
 LONGITUDINAL -14 KPH (-8 MPH)
 LATITUDINAL -8 KPH (-5 MPH)
 PDOF ANGLE 30 DEGREES
 ENERGY DISSIPATED = 20453 JOULES (15084 FT-LB)

VEHICLE #2

TOTAL 17 KPH (10 MPH)
 LONGITUDINAL -6 KPH (-4 MPH)
 LATITUDINAL 16 KPH (10 MPH)
 PDOF ANGLE -70 DEGREES
 ENERGY DISSIPATED = 12252 JOULES (9036 FT-LB)

DAMAGE DATA

VEHICLE #1

SIZE CATEGORY 3
 STIFFNESS CATEGORY 9
 VEHICLE WEIGHT 1162 KGS (2562 LBS)
 CDC 01FDEW1
 PDOF ANGLE 30 DEGREES
 CRUSH LENGTH 140 CM. (55 IN.)
 C1 2 CM. (1 IN.)
 C2 1 CM. (0 IN.)
 C3 3 CM. (1 IN.)
 C4 5 CM. (2 IN.)
 C5 4 CM. (2 IN.)
 C6 10 CM. (4 IN.)
 D 15 CM. (6 IN.)
 D' 36 CM. (14 IN.)

} Reversed; no consequence

VEHICLE #2

2
 2
 1094 KGS (2412 LBS)
 10LFEW2
 -70 DEGREES
 180 CM. (71 IN.)
 0 CM. (0 IN.)
 8 CM. (3 IN.)
 22 CM. (9 IN.)
 10 CM. (4 IN.)
 8 CM. (3 IN.)
 2 CM. (1 IN.)
 143 CM. (56 IN.)
 140 CM. (55 IN.)

(* INDICATES DEFAULT VALUE)

DIMENSIONS AND INERTIAL PROPERTIES

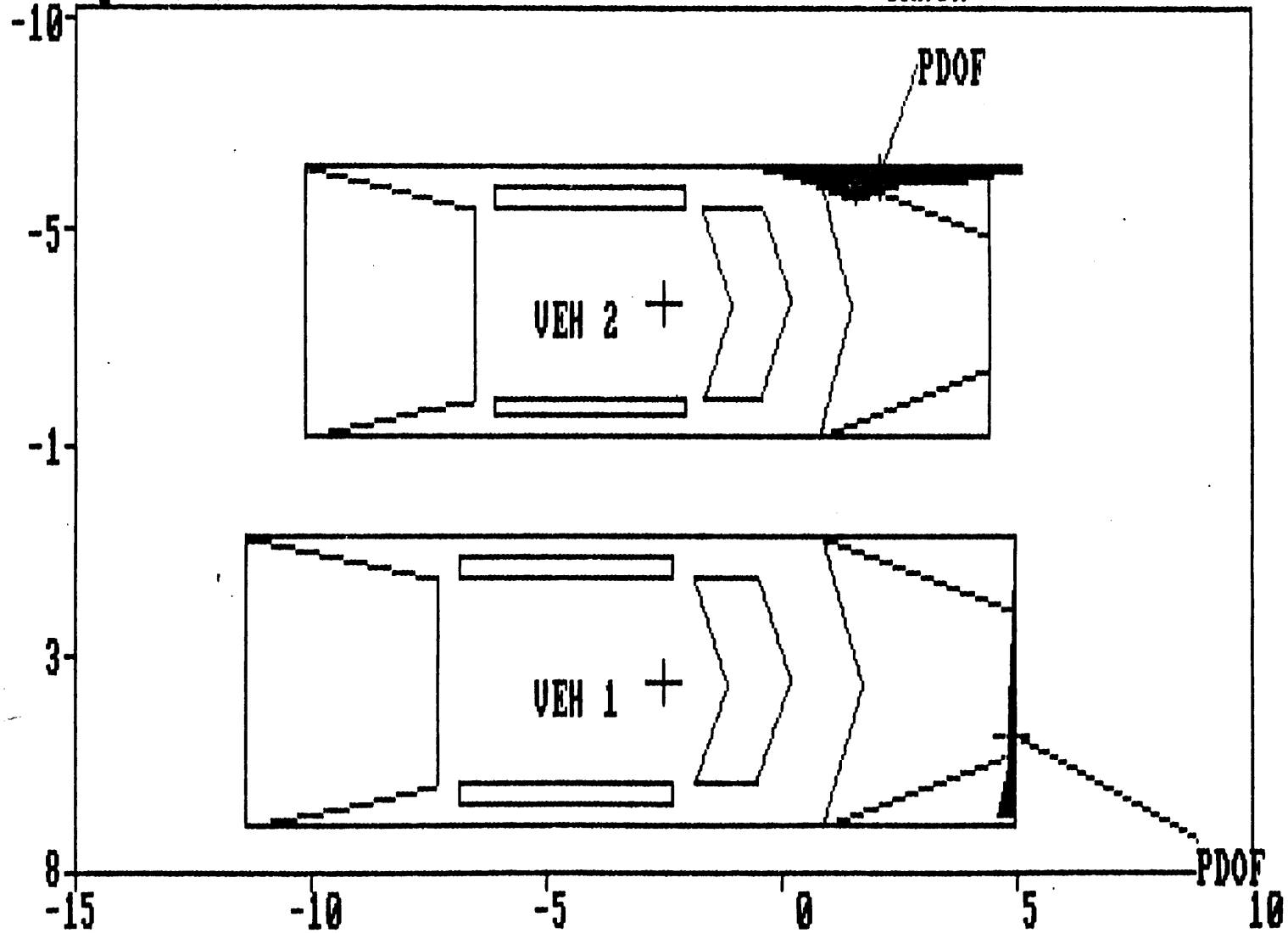
VEHICLE #1

VEHICLE #2

CG TO FRONT AXLE	130 CM. (51 IN.)	118 CM. (46 IN.)
CG TO REAR AXLE	141 CM. (56 IN.)	127 CM. (50 IN.)
TRACK	150 CM. (59 IN.)	139 CM. (55 IN.)
CG TO FRONT OF VEH	228 CM. (90 IN.)	212 CM. (83 IN.)
CG TO REAR OF VEH	-270 CM. (-106 IN.)	-233 CM. (-92 IN.)
CG TO SIDE OF VEH	92 CM. (36 IN.)	85 CM. (34 IN.)
MOMENT OF INERTIA	10043 KGS (22140 LBS)	8394 KGS (18506 LBS)
VEHICLE MASS	3 KGS (7 LBS)	3 KGS (6 LBS)

Printing Picture:

CRASH



DAMAGE DESCRIPTION

SMASH RECONSTRUCTION PROGRAM RESULTS

1994

Page 1

Summary of Results Using Damage

SCI94-16

Speed Change
(Damage)

Vehicle #1

Total 15 kph (9 mph)
 Longitudinal -13 kph (-8 mph)
 Latitudinal -8 kph (-5 mph)
 PDOF Angle 30 °
 Energy Dissipated = 20453 Joules (15084 Ft-Lb)
 Calculated using size and stiffness categories.

Vehicle #2

Total 16 kph (10 mph)
 Longitudinal -5 kph (-3 mph)
 Latitudinal 15 kph (9 mph)
 PDOF Angle -70 °
 Energy Dissipated = 34514 Joules (25453 Ft-Lb)
 Calculated using size and stiffness categories.

General Information

	Vehicle #1	Vehicle #2
Year	1995	1986
Make	PLYMOUTH	DODGE
Model	NEON	OMNI
CDC	01FDEW1	10FLEW2
PDOF Angle	30 °	-70 °
Heading Angle	170 °	90 °

Calculation method: Size and Stiffness

Size and Stiffness

Size Category	3	2
Stiffness Category	9	2
Vehicle Weight	1162 kgs (2562 lbs)	1094 kgs (2412 lbs)

Damage Information

	Vehicle #1	Vehicle #2
Crush Length	140 cm (55 in)	180 cm (71 in)
C1	2 cm (1 in)	8 cm (3 in)
C2	1 cm (0 in)	22 cm (9 in)
C3	3 cm (1 in)	10 cm (4 in)
C4	5 cm (2 in)	8 cm (3 in)
C5	4 cm (2 in)	2 cm (1 in)
C6	10 cm (4 in)	2 cm (1 in)
D	15 cm (6 in)	143 cm (56 in)
D'	36 cm (14 in)	114 cm (45 in)

Vehicle Dimensions

	Vehicle #1	Vehicle #2
Data	From Size Categories	From Size Categories
Length	498 cm (196 in)	444 cm (175 in)
Width	185 cm (73 in)	170 cm (67 in)
Wheelbase	272 cm (107 in)	244 cm (96 in)
Weight	1162 kgs (2562 lbs)	1094 kgs (2412 lbs)
CG to Front of Veh	228 cm (90 in)	212 cm (83 in)
Engine Displacement	0 liters	0 liters
Moment of Inertia	250140 kgs (22140 lbs)	209075 kgs (18506 lbs)
Vehicle Mass	1162 kgs (6.7 lb-s ² /in)	1094 kgs (6.3 lb-s ² /in)

EDCRASH RECONSTRUCTION PROGRAM RESULTS

SUMMARY OF EDCRASH RESULTS

Lic. User: NHTSA #8

S/N: 0266-8

Version: 4.61

Date: ████████-1994

SCI 94-16

MESSAGES:

NO MESSAGES

VEHICLE # 1

IMPACT SPEED km/h		SPEED CHANGE km/h			BASIS FOR RESULTS
FWD	LAT	TOTAL	LONG.	LATERAL	
N/A	N/A	N/A	N/A	N/A	SPINOUT TRAJECTORIES AND CONSERVATION OF LINEAR MOMENTUM
N/A	N/A	N/A	N/A	N/A	SPINOUT TRAJECTORIES AND DAMAGE
		16.2	-14.1	-8.1	DAMAGE DATA ONLY

VEHICLE # 2

IMPACT SPEED km/h		SPEED CHANGE km/h			BASIS FOR RESULTS
FWD	LAT	TOTAL	LONG.	LATERAL	
N/A	N/A	N/A	N/A	N/A	SPINOUT TRAJECTORIES AND CONSERVATION OF LINEAR MOMENTUM
N/A	N/A	N/A	N/A	N/A	SPINOUT TRAJECTORIES AND DAMAGE
		17.3	-5.9	16.2	DAMAGE DATA ONLY

SUMMARY OF DAMAGE DATA

(NOTE: '***' indicates default value)

	Vehicle #1	Vehicle #2
CLASS / STIFFNESS CATEGORIES	3 / 9	2 / 2
WEIGHT	1162.0 kg	1094.0 kg
CDC	01FDEW1	10LYEW2
DAMAGE WIDTH	140.0 cm	180.0 cm
CRUSH DEPTH 1	2.0 cm	8.0 cm
CRUSH DEPTH 2	1.0 cm	22.0 cm
CRUSH DEPTH 3	3.0 cm	10.0 cm
CRUSH DEPTH 4	5.0 cm	8.0 cm
CRUSH DEPTH 5	4.0 cm	2.0 cm
CRUSH DEPTH 6	10.0 cm	2.0 cm
DAMAGE MIDPOINT OFFSET	15.0 cm	143.0 cm
DAMAGE ENERGY	20452.4 Joules	11886.2 Joules
MAGNITUDE OF PRINCIPAL FORCE	121662.1 N	129882.2 N
DIRECTION OF PRINCIPAL FORCE	30.0 deg	-70.0 deg
MOMENT ARM OF PRINCIPAL FORCE	-81.7 cm	80.5 cm
DAMAGE CENTROID	35.9 cm	114.3 cm

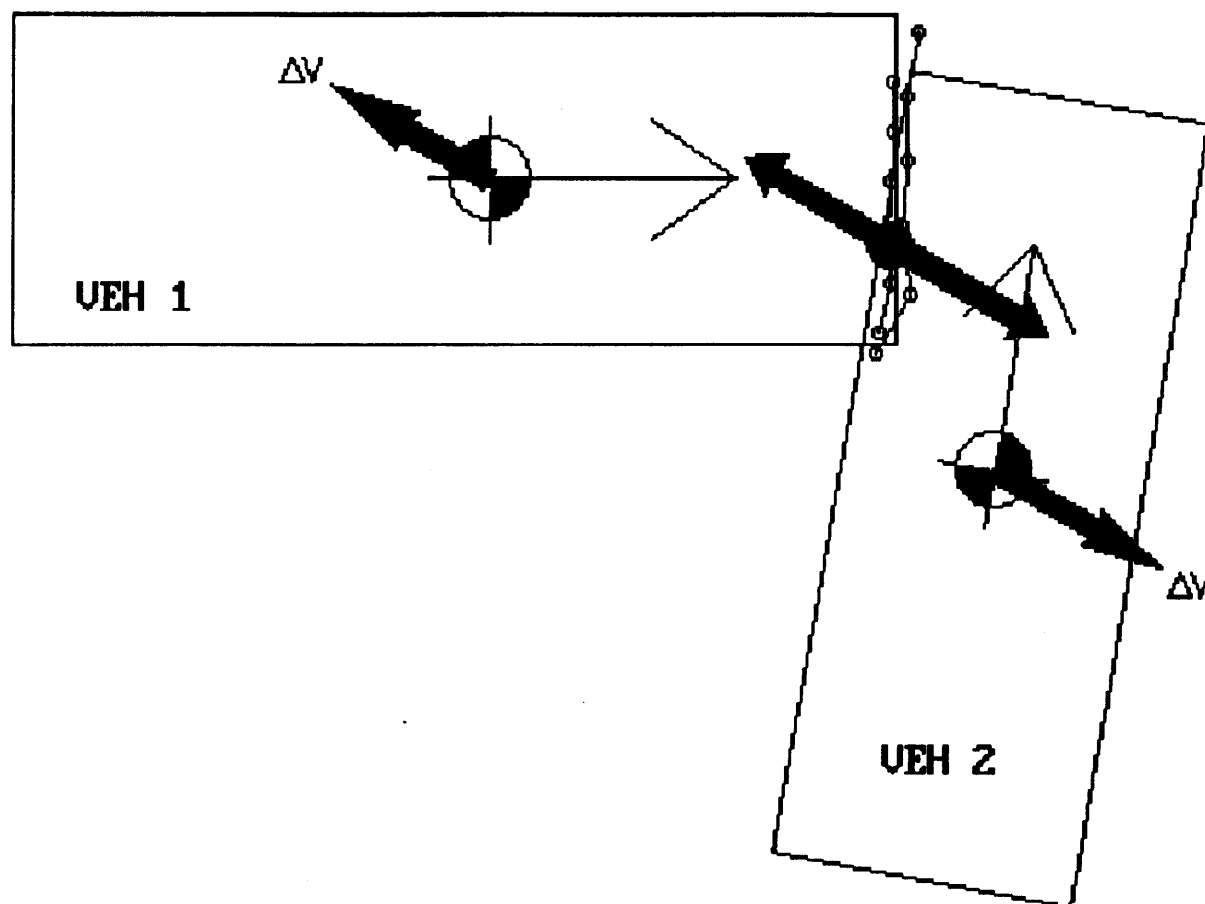
DIMENSIONAL, INERTIAL AND CRUSH STIFFNESS PROPERTIES

(NOTE: '***' indicates default value)

	Vehicle #1		Vehicle #2	
CG TO FRONT AXLE	130.3 cm	**	117.6 cm	**
CG TO REAR AXLE	141.0 cm	**	127.3 cm	**
TRACKWIDTH	149.6 cm	**	138.7 cm	**
YAW MOMENT OF INERTIA	2490.0 kg-m ²	**	2081.2 kg-m ²	**
MASS	1160.1 kg		1092.2 kg	
BODY LENGTH FROM CG TO FRONT	228.1 cm	**	211.6 cm	**
BODY LENGTH FROM CG TO REAR	-270.3 cm	**	-232.7 cm	**
BODY OVERALL WIDTH	184.4 cm	**	170.7 cm	**
CRUSH STIFFNESSES:	A	B	A	B
	lb/in	lb/in ²	lb/in	lb/in ²
	373.4 **	37.7 **	140.4 **	66.7 **



EDCRASH
At Impact

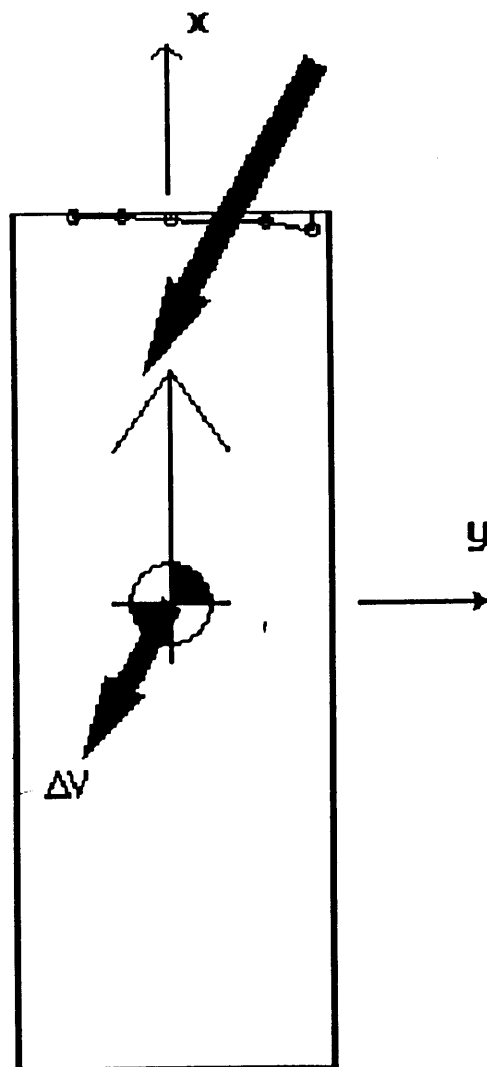


	Ueh #1	Ueh #2
Delta-U (km/h)		
(BASIS: Damage)		
X	-14.1	-5.9
Y	-8.1	16.2
Tot	16.2	17.3
PDOF	30.0	-70.0

UNITS: km/h,m,deg

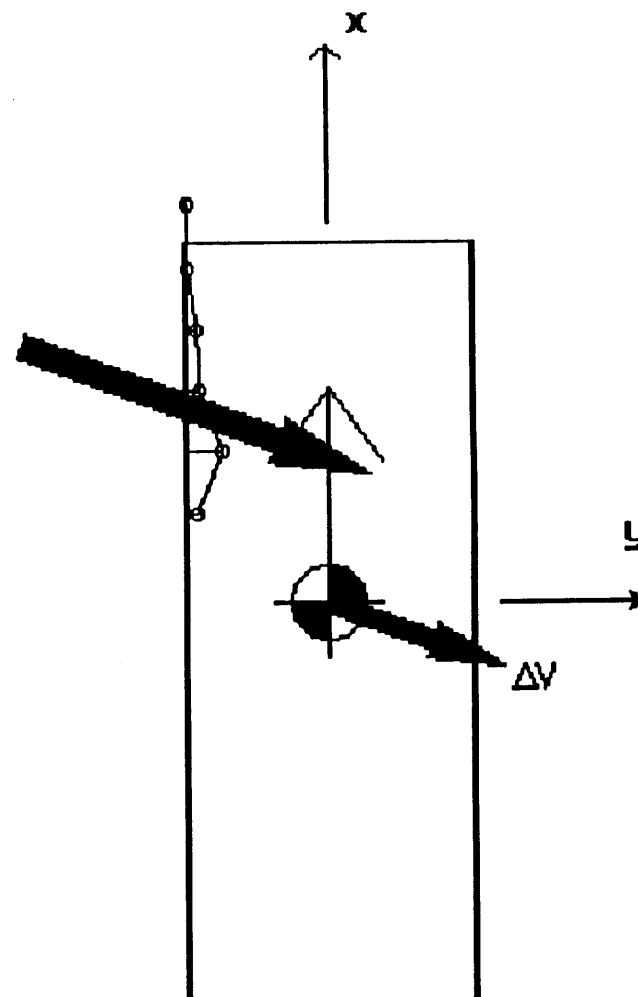
(NO SCENE DATA)

Vehicle No. 1



CDC/PDOF: 01FDEW1 30.0 deg
Max Impact Force: 121662 N

Vehicle No. 2



CDC/PDOF: 10LYEW2 -70.0 deg
Max Impact Force: 129882 N



EDCRASH Damage Profiles

	Ueh #1	Ueh #2
Delta-U (km/h):		
X	-14.1	-5.9
Y	-8.1	16.2
Tot	16.2	17.3
Crush Data (cm):		
W	140.0	180.0
D	15.0	143.0
C1	2.0	8.0
C2	1.0	22.0
C3	3.0	10.0
C4	5.0	8.0
C5	4.0	2.0
C6	10.0	2.0

Appendix C:

NASS CDS ACCIDENT FORM



U.S. Department of Transportation
National Highway Traffic Safety
Administration

ACCIDENT FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number 10

2. Case Number - Stratum 9416

IDENTIFICATION

3. Number of General Vehicle
Forms Submitted 02

4. Date of Accident
(Month, Day, Year) 1994

5. Time of Accident 1724

Code reported military time of accident.

NOTE: Midnight = 2400
Unknown = 9999

SPECIAL STUDIES - INDICATORS

Check (✓) each special study (SS14-SS18 below) that has been completed; code 1 for the checked special studies and 0 for the special studies not checked.

6. SS15 Administrative Use 0

7. SS16 Pedestrian Crash Data Study 0

8. SS17 Impact Fires 0

9. SS18 0

10. SS19 0

NUMBER OF EVENTS

11. Number of Recorded Events
in This Accident 02

Code the number of events which occurred
in this accident.

ACCIDENT EVENTS

For each event that occurred in the accident, code the lowest numbered vehicle in the left columns and the other involved vehicle or object on the right.

Accident Event Sequence Number	Vehicle Number	Class Of Vehicle	General Area of Damage	Vehicle Number or Object Contacted	Class Of Vehicle	General Area of Damage
12. <u>01</u>	13. <u>01</u>	14. <u>02</u>	15. <u>F</u>	16. <u>02</u>	17. <u>01</u>	18. <u>L</u>
19. <u>02</u>	20. <u>01</u>	21. <u>02</u>	22. <u>R</u>	23. <u>02</u>	24. <u>01</u>	25. <u>L</u>
26. <u>03</u>	27. <u> </u>	28. <u> </u>	29. <u> </u>	30. <u> </u>	31. <u> </u>	32. <u> </u>
33. <u>04</u>	34. <u> </u>	35. <u> </u>	36. <u> </u>	37. <u> </u>	38. <u> </u>	39. <u> </u>
40. <u>05</u>	41. <u> </u>	42. <u> </u>	43. <u> </u>	44. <u> </u>	45. <u> </u>	46. <u> </u>

IF GREATER THAN FIVE EVENTS, CONTINUE CODING ON THE ACCIDENT EVENT SUPPLEMENT

CODES FOR CLASS OF VEHICLE

- (00) Not a motor vehicle
- (01) Subcompact/mini (wheelbase < 254 cm)
- (02) Compact (wheelbase ≥ 254 but < 265 cm)
- (03) Intermediate (wheelbase ≥ 265 but < 278 cm)
- (04) Full size (wheelbase ≥ 278 but < 291 cm)
- (05) Largest (wheelbase ≥ 291 cm)
- (09) Unknown passenger car size
- (11) Compact utility vehicle
- (12) Large utility vehicle (≤ 4,500 kgs GVWR)
- (13) Passenger van (≤ 4,500 kgs GVWR)
- (14) Other van (≤ 4,500 kgs GVWR)
- (15) Pickup truck (≤ 4,500 kgs GVWR)
- (18) Other truck (≤ 4,500 kgs GVWR)
- (19) Unknown light truck type
- (20) School bus
- (21) Other bus
- (22) Truck (> 4,500 kgs GVWR)
- (23) Tractor without trailer
- (24) Tractor-trailer(s)
- (25) Motored cycle
- (28) Other vehicle
- (99) Unknown

CODES FOR GENERAL AREA OF DAMAGE (GAD)

CDS APPLICABLE AND OTHER VEHICLES

- (0) Not a motor vehicle
- (N) Noncollision
- (F) Front
- (R) Right side
- (L) Left side
- (B) Back
- (T) Top
- (U) Undercarriage
- (9) Unknown

TDC APPLICABLE VEHICLES

- (0) Not a motor vehicle
- (N) Noncollision
- (F) Front
- (R) Right side
- (L) Left side
- (B) Back of unit with cargo
area (rear of trailer or
straight truck)
- (D) Back (rear of tractor)
- (C) Rear of cab
- (V) Front of cargo area
- (T) Top
- (U) Undercarriage
- (9) Unknown

CODES FOR VEHICLE NUMBER OR OBJECT CONTACTED

(01-30) — Vehicle Number

Noncollision

- (31) Overturn — rollover
- (32) Fire or explosion
- (33) Jackknife
- (34) Other intraunit damage (specify):

(35) Noncollision injury

(38) Other noncollision (specify):

(39) Noncollision — details unknown

Collision With Fixed Object

- (41) Tree (≤ 10 cm in diameter)
- (42) Tree (> 10 cm in diameter)
- (43) Shrubbery or bush
- (44) Embankment

(45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post

- (50) Pole or post (≤ 10 cm in diameter)
- (51) Pole or post (> 10 cm but ≤ 30 cm in
diameter)
- (52) Pole or post (> 30 cm in diameter)
- (53) Pole or post (diameter unknown)

(54) Concrete traffic barrier

(55) Impact attenuator

(56) Other traffic barrier (includes guardrail)
(specify):

(57) Fence

(58) Wall

(59) Building

(60) Ditch or culvert

(61) Ground

(62) Fire hydrant

(63) Curb

(64) Bridge

(68) Other fixed object (specify):

(69) Unknown fixed object

Collision with Nonfixed Object

(71) Motor vehicle not in-transport

(72) Pedestrian

(73) Cyclist or cycle

(74) Other nonmotorist or conveyance

(75) Vehicle occupant

(76) Animal

(77) Train

(78) Trailer, disconnected in transport

(79) Object fell from vehicle in-transport

(88) Other nonfixed object (specify):

(89) Unknown nonfixed object

(98) Other event (specify):

(99) Unknown event or object

Appendix D:

NASS CDS VEHICLE FORMS: CASE VEHICLE



GENERAL VEHICLE FORM

1. Primary Sampling Unit Number 10

2. Case Number - Stratum 9416

3. Vehicle Number 01

VEHICLE IDENTIFICATION

4. Vehicle Model Year 95

Code the last two digits of the model year
(99) Unknown

5. Vehicle Make (specify): Plymouth 09

Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(99) Unknown

6. Vehicle Model (specify): NEON 020

Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(999) Unknown

7. Body Type 04

Note: Applicable codes may be found on
the back of this page.

8. Vehicle Identification Number

1P3ES47C5BD
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17

Left justify; Slash zeros and letter Z (0 and Z)
No VIN—Code all zeros
Unknown—Code all nines

OFFICIAL RECORDS

9. Police Reported Vehicle Disposition 1

(0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown

10. Police Reported Travel Speed 999

Code to the nearest kph (NOTE: 000 means
less than 0.5 kph)
(160) 159.5 kph and above
(999) Unknown

____ mph X 1.6093 = ____ kph

11. Police Reported Alcohol Presence 0

(0) No alcohol present
(1) Yes (alcohol present)
(7) Not reported
(8) No driver present
(9) Unknown

Note: See variables 37 through 55
(Page 4) for information on Other Drugs

12. Alcohol Test Result For Driver 96

Code actual value (decimal implied
before first digit—0.xx)
(95) Test refused
(96) None given
(97) AC test performed, results unknown
(98) No driver present
(99) Unknown

Source: PAR

ACCIDENT RELATED

13. Speed Limit 040

(000) No statutory limit
Code posted or statutory speed limit
in kph
(999) Unknown

25 mph X 1.6093 = 040 kph

14. Attempted Avoidance Maneuver 01

(01) No avoidance actions
(02) Braking (no lockup)
(03) Braking (lockup)
(04) Braking (lockup unknown)
(05) Releasing brakes
(06) Steering left
(07) Steering right
(08) Braking and steering left
(09) Braking and steering right
(10) Accelerating
(11) Accelerating and steering left
(12) Accelerating and steering right
(97) No driver present
(98) Other action (specify):

(99) Unknown

15. Accident Type 88

Applicable codes may be found on the
back of page two of this field form
(C0) No impact
Code the number of the diagram that
best describes the accident circumstance
(98) Other accident type (specify):

(99) Unknown

**** SKIP TO VARIABLE GV37 IF GV07 DOES NOT EQUAL 01-49 ****

OCCUPANT RELATED

16. Driver Presence in Vehicle

- (0) Driver not present
(1) Driver present
(9) Unknown

1

17. Number of Occupants This Vehicle

- (00-96) Code actual number of occupants for this vehicle
(97) 97 or more
(99) Unknown

02

18. Number of Occupant Forms Submitted

02

VEHICLE WEIGHT ITEMS

19. Vehicle Curb Weight

- Code weight to nearest
10 kilograms.

- (045) Less than 450 kilograms
(610) 6,100 kilograms or more
(999) Unknown

1,0502,320 lbs X .4536 = 1,052 kgs

Source: _____

20. Vehicle Cargo Weight

- Code weight to nearest
10 kilograms.

- (000) Less than 5 kilograms
(450) 4,500 kilograms or more
(999) Unknown

0,01025 lbs X .4536 = 11 kgs

RECONSTRUCTION DATA

21. Towed Trailing Unit

- (0) No towed unit
(1) Yes—towed trailing unit
(9) Unknown

0

22. Documentation of Trajectory Data for This Vehicle

- (0) No
(1) Yes

0

23. Post Collision Condition of Tree or Pole (For Highest Delta V)

- (0) Not collision (for highest delta V) with tree or pole
(1) Not damaged
(2) Cracked/sheared
(3) Tilted <45 degrees
(4) Tilted ≥45 degrees
(5) Uprooted tree
(6) Separated pole from base
(7) Pole replaced
(8) Other (specify):

0

(9) Unknown

24. Rollover

- (0) No rollover (no overturning)

0*Rollover (primarily about the longitudinal axis)*

- (1) Rollover, 1 quarter turn only
(2) Rollover, 2 quarter turns
(3) Rollover, 3 quarter turns
(4) Rollover, 4 or more quarter turns (specify):

- (5) Rollover—end-over-end (i.e., primarily about the lateral axis)
(9) Rollover (overturn), details unknown

OVERRIDE/UNDERRIDE (THIS VEHICLE)

25. Front Override/Underride (this Vehicle)

0

26. Rear Override/Underride (this Vehicle)

0

- (0) No override/underride, or not an end-to-end impact

Override (see specific CDC)

- (1) 1st CDC
(2) 2nd CDC
(3) Other not automated CDC (specify):

Underride (see specific CDC)

- (4) 1st CDC
(5) 2nd CDC
(6) Other not automated CDC (specify):

- (7) Medium/heavy truck or bus override
(9) Unknown

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

- Values: (000)-(359) Code actual value
(997) Noncollision
(998) Impact with object
(999) Unknown

27. Heading Angle For This Vehicle

168

28. Heading Angle For Other Vehicle

090

1

- (1) CRASH program—damage only routine
- (2) CRASH program—damage and trajectory routine
- (3) Missing vehicle algorithm

- (4) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.
- (5) All vehicles within scope (CDC applicable) of CRASH program but one of the collision conditions is beyond the scope of the CRASH program or other acceptable reconstruction technique, regardless of adequacy of damage data.
- (6) All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available.

0 1 2 8

Nearest kph (secondary)

(NOTE: __000 means greater than
-0.5 kph and less than +0.5 kph)
(±160) ±159.5 kph and above
(__999) Unknown

020.500

Nearest 100 joules (secondary)

(NOTE: 0000 means less than 50 joules)
(9997) 999,650 joules or more
(9999) Unknown

Highest

016

Nearest kph (secondary)

(NOTE: 000 means less than 0.5 kph)
(160) 159.5 kph and above
(999) Unknown

0 0 1 4

Nearest kph (secondary)

(NOTE: _000 means greater than
-0.5 kph and less than +0.5 kph)
(± 160) ± 159.5 kph and above
(999) Unknown

3

(4) Borderline reconstruction — results appear reasonable

1

(0) No inspection
(1) Complete inspection
(2) Partial inspection (specify):

1

(0) No
(1) Yes - researcher determined
(2) VIN determined air bag system
(3) VIN determined automatic (passive) belts
(4) VIN determined air bag and automatic (passive) belts

IF YES: IS A COMPLETED OLDMISS PROGRAM SUMMARY INCLUDED? [] YES [] NO

37. Police Reported Other Drug Presence 0

- (0) No other drug(s) present
- (1) Yes [other drug(s) present]
- (7) Not reported
- (8) No driver present
- (9) Unknown

38. Police Reported Drug Evaluation Classification (DEC) Test For Driver 0

- (0) No DEC process available or given
- (1) DEC process given, results known
- (2) DEC process given, results unknown
- (3) DEC process available, unknown if given
- (8) No driver present

39. Other Drug Specimen Test Type For Driver 0

- (0) No specimen test given
- (1) Blood test
- (2) Urine test
- (3) Other specimen tests (specify): _____
- (7) Unspecified specimen test
- (8) No driver present
- (9) Unknown if specimen test given

DRUG EVALUATION CLASSIFICATION

OTHER DRUGS TEST RESULTS FOR DRIVER

	DEC Test Results	Specimen Test Results
Narcotic Drug	40. <u>0</u>	41. <u>0</u>
Depressant Drug	42. <u>0</u>	43. <u>0</u>
Stimulant Drug	44. <u>0</u>	45. <u>0</u>
Hallucinogen Drug	46. <u>0</u>	47. <u>0</u>
Cannabinoid Drug	48. <u>0</u>	49. <u>0</u>
Phencyclidine (PCP)	50. <u>0</u>	51. <u>0</u>
Inhalant Drug	52. <u>0</u>	53. <u>0</u>
Other Drug (Excluding Nicotine, Aspirin, Alcohol, Drugs Administered Post-Crash)	54. <u>0</u>	55. <u>0</u>

Codes For DEC Test Results

- (0) No DEC test given
- (1) Passed DEC test
- (2) Failed DEC test
- (3) DEC test given—results unknown
- (8) No driver present
- (9) Unknown if DEC test given

Codes for Specimen Test Results

- (0) No specimen test given
- (1) Drug not found in specimen
- (2) Drug found in specimen
- (7) Specimen test given, results unknown or not obtained
- (8) No driver present
- (9) Unknown if specimen test given

OTHER DATA

56. Driver's Zip Code

- (00000) Driver not present
 (00001) Driver not a resident of U.S. or territories
 Code actual 5-digit zip code
 (99999) Unknown

57. Driver's Race/Ethnic Origin

- (0) Driver not present
 (1) White (non-Hispanic)
 (2) Black (non-Hispanic)
 (3) White (Hispanic)
 (4) Black (Hispanic)
 (5) American Indian, Eskimo or Aleut
 (6) Asian or Pacific Islander
 (8) Other (specify):
 (9) Unknown

58. Vehicle Special Use (This Trip)

- (0) No special use
 (1) Taxi
 (2) Vehicle used as school bus
 (3) Vehicle used as other bus
 (4) Military
 (5) Police
 (6) Ambulance
 (7) Fire truck or car
 (8) Other (specify):
 (9) Unknown

61. Rollover Initiation Object Contacted

62. Location on Vehicle Where Initial Principal Tripping Force Is Applied

- (0) No rollover
 (1) Wheels/tires
 (2) Side plane
 (3) End plane
 (4) Undercarriage
 (5) Other location on vehicle (specify):
 (8) Non-contact rollover forces (specify):
 (9) Unknown

63. Direction of Initial Roll

- (0) No rollover
 (1) Roll right - primarily about the longitudinal axis
 (2) Roll left - primarily about the longitudinal axis
 (5) End-over-end (i.e., primarily about the lateral axis)
 (9) Unknown roll direction

PRECRASH DATA

64. Pre-Event Movement (Prior to Recognition of Critical Event)

- (01) Going straight
 (02) Slowing or stopping in traffic lane
 (03) Starting in traffic lane
 (04) Stopped in traffic lane
 (05) Passing or overtaking another vehicle
 (06) Disabled or parked in travel lane
 (07) Leaving a parking position
 (08) Entering a parking position
 (09) Turning right
 (10) Turning left
 (11) Making a U-turn
 (12) Backing up (other than for parking position)
 (13) Negotiating a curve
 (14) Changing lanes
 (15) Merging
 (16) Successful avoidance maneuver to a previous critical event
 (97) Other (specify):
 (98) No driver present
 (99) Unknown

ROLLOVER DATA

If GV07 (Body Type) \neq 1-49, leave GV59-GV63 blank.
 If GV24 (Rollover) = 0, then GV59-GV63 must equal 0.
 If GV24 = 9, then GV59-GV63 must equal 9.

59. Rollover Initiation Type

- (0) No rollover
 (1) Trip-over
 (2) Flip-over
 (3) Turn-over
 (4) Climb-over
 (5) Fall-over
 (6) Bounce-over
 (7) Collision with another vehicle
 (8) Other rollover initiation type specify:
 (9) Unknown rollover initiation type

60. Location of Rollover Initiation

- (0) No rollover
 (1) On roadway
 (2) On shoulder—paved
 (3) On shoulder—unpaved
 (4) On roadside or divided trafficway median
 (9) Unknown

PRECRASH DATA (Continued)

65. Critical Precrash Event 66*This Vehicle Loss of Control Due To:*

- (01) Blow out or flat tire
- (02) Stalled engine
- (03) Disabling vehicle failure (e.g., wheel fell off) (specify): _____
- (04) Non-disabling vehicle problem (e.g., hood flew up) (specify): _____
- (05) Poor road conditions (puddle, pot hole, ice, etc.) (specify): _____
- (06) Traveling too fast for conditions
- (08) Other cause of control loss (specify): _____
- (09) Unknown cause of control loss

This Vehicle Traveling

- (10) Over the lane line on left side of travel lane
- (11) Over the lane line on right side of travel lane
- (12) Off the edge of the road on the left side
- (13) Off the edge of the road on the right side
- (14) End departure
- (15) Turning left at intersection
- (16) Turning right at intersection
- (17) Crossing over (passing through) intersection
- (19) Unknown travel direction

Other Motor Vehicle In Lane

- (50) Stopped
- (51) Traveling in same direction with lower speed (i.e., lower steady speed or decelerating)
- (52) Traveling in same direction with higher speed
- (53) Traveling in opposite direction
- (54) In crossover
- (55) Backing
- (59) Unknown travel direction of other motor vehicle in lane

Other Motor Vehicle Encroaching Into Lane

- (60) From adjacent lane (same direction)—over left lane line
- (61) From adjacent lane (same direction)—over right lane line
- (62) From opposite direction—over left lane line
- (63) From opposite direction—over right lane line
- (64) From parking lane
- (65) From crossing street, turning into same direction
- (66) From crossing street, across path
- (67) From crossing street, turning into opposite direction
- (68) From crossing street, intended path not known
- (70) From driveway, turning into same direction
- (71) From driveway, across path
- (72) From driveway, turning into opposite direction
- (73) From driveway, intended path not known
- (74) From entrance to limited access highway
- (78) Encroachment by other vehicle—details unknown

Pedestrian or Pedalcyclist, or Other Nonmotorist

- (80) Pedestrian in roadway
- (81) Pedestrian approaching roadway
- (82) Pedestrian—unknown location
- (83) Pedalcyclist or other nonmotorist in roadway (specify): _____
- (84) Pedalcyclist or other nonmotorist approaching roadway (specify): _____
- (85) Pedalcyclist or other nonmotorist—unknown location (specify): _____

Object or Animal

- (87) Animal in roadway
- (88) Animal approaching roadway
- (89) Animal—unknown location
- (90) Object in roadway
- (91) Object approaching roadway
- (92) Object—unknown location

(98) Other critical precrash event (specify): _____

(99) Unknown

For Corrective Actions Attempted see variable GV14 (Attempted Avoidance Manuever)

66. Precrash Stability After Avoidance Maneuver 0

- (0) No avoidance maneuver
- (1) Tracking
- (2) Skidding longitudinally—rotation less than 30 degrees
- (3) Skidding laterally—clockwise rotation
- (4) Skidding laterally—counterclockwise rotation
- (7) Other vehicle loss-of-control (specify): _____
- (8) No driver present
- (9) Precrash stability unknown

67. Precrash Directional Consequences of Avoidance Maneuver (Corrective Action) 0

- (0) No avoidance maneuver
- (1) Vehicle stayed in travel lane where avoidance maneuver was initiated
- (2) Vehicle stayed on roadway but left travel lane where avoidance maneuver was initiated
- (3) Vehicle stayed on roadway, not known if left travel lane where avoidance maneuver was initiated
- (4) Vehicle departed roadway
- (5) Avoidance maneuver initiated off roadway
- (8) No driver present
- (9) Directional consequences unknown

*** IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV35 = 0), ***
DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS.

*** IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE ***
THE EXTERIOR VEHICLE, INTERIOR VEHICLE,
OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.

EXTERIOR VEHICLE FORM

**NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM**

Administration	Case Number
1. Primary Sampling Unit Number	10
2. Case Number - Stratum	9416
3. Vehicle Number	01

VEHICLE IDENTIFICATION

VIN 1P3ES47C5SD _____ Model Year 95
Vehicle Make (specify): Plymouth _____ Vehicle Model (specify): NEON _____

LOCATOR

Locate the end of the damage with respect to the vehicle longitudinal center line or bumper corner for end impacts or an undamaged axle for side impacts.

Specific Impact No.	Location of Direct Damage	Location of Field L
01	(R) BC OVER 110 cm	ACROSS front bumper
02	(B) FRONT door 22 cm < Axle	
	(R) " fender 12 cm > Axle	

CRUSH PROFILE IN CENTIMETERS

NOTES: Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, etc.) and label adjustments (e.g., free space).

Measure and document on the vehicle diagram the location of maximum crush.

Measure C1 to C6 from driver to passenger side in front or rear impacts and rear to front in side impacts.

Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

Use as many lines/columns as necessary to describe each damage profile.

[illegible]

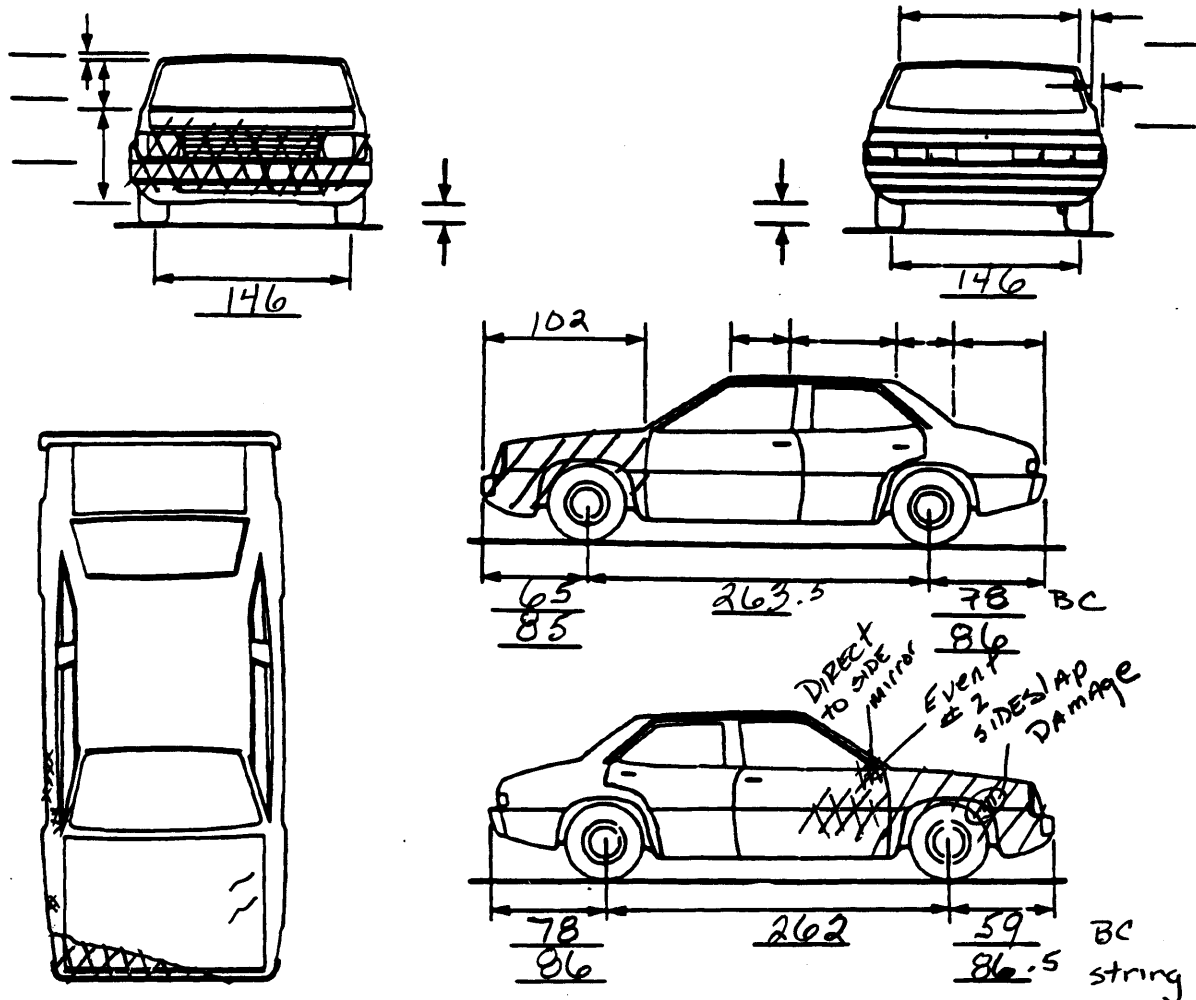
ORIGINAL SPECIFICATIONS WORK SHEET

Wheelbase	<u>1</u> <u>0</u> <u>4</u> . <u> </u>	inches	x 2.54	=	<u>2</u> <u>6</u> <u>4</u>	cm
Overall Length	<u>1</u> <u>7</u> <u>1</u> . <u>8</u>	inches	x 2.54	=	<u>4</u> <u>3</u> <u>6</u>	cm
Maximum Width	<u> </u> <u>6</u> <u>7</u> . <u>2</u>	inches	x 2.54	=	<u>1</u> <u>7</u> <u>1</u>	cm
Curb Weight	<u> </u> <u>2</u> , <u>3</u> <u>2</u> <u>0</u>	pounds	x .4536	=	<u>1</u> , <u>0</u> <u>5</u> <u>2</u>	kg
Average Track	<u> </u> <u>5</u> <u>7</u> . <u>4</u>	inches	x 2.54	=	<u>1</u> <u>4</u> <u>6</u>	cm
Front Overhang	<u> </u> <u> </u> <u> </u> . <u> </u>	inches	x 2.54	=	<u> </u> <u> </u> <u> </u>	cm
Rear Overhang	<u> </u> <u> </u> <u> </u> . <u> </u>	inches	x 2.54	=	<u> </u> <u> </u> <u> </u>	cm
Undeformed End Width	<u> </u> <u> </u> <u> </u> . <u> </u>	inches	x 2.54	=	<u> </u> <u> </u> <u> </u>	cm
Engine Size: cyl./displ.	<u> </u> <u> </u> <u> </u> <u> </u>	cc	x .001	=	<u> </u> . <u> </u>	L
	<u> </u> <u> </u> <u> </u>	CID	x .0164	=	<u>2</u> . <u>0</u>	L

VEHICLE DAMAGE SKETCH

TIRE—WHEEL DAMAGE a. Rotation physically restricted RF <u>2</u> LF <u>2</u> RR <u>2</u> LR <u>2</u> (1) Yes (2) No (8) NA (9) Unk.	ORIGINAL SPECIFICATIONS Wheelbase <u>264</u> cm Overall Length <u>436</u> cm Maximum Width <u>171</u> cm Curb Weight <u>1052</u> kg Average Track <u>146</u> cm Front Overhang <u>86</u> cm Rear Overhang <u>86</u> cm Undeformed End Width <u>140</u> cm Engine Size: cyl./displ. <u>2.0</u> L	WHEEL STEER ANGLES (For locked front wheels or displaced rear axles only) RF ± _____ ° LF ± _____ ° RR ± _____ ° LR ± _____ ° Within ± 5 degrees
TYPE OF TRANSMISSION <u>5-Speed</u> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Automatic		DRIVE WHEELS <input checked="" type="checkbox"/> FWD <input type="checkbox"/> RWD <input type="checkbox"/> 4WD Approximate Cargo Weight _____ kg

MEASUREMENTS IN CENTIMETERS



NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewalls, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.

Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

127
41
86

CODES FOR OBJECT CONTACTED

(99) Unknown event or object

[illegible]

COLLISION DEFORMATION CLASSIFICATION

HIGHEST DELTA "V"

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Longitudinal or Lateral Location	(5) Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
4. <u>01</u>	5. <u>02</u>	6. <u>01</u>	7. <u>F</u>	8. <u>D</u>	9. <u>E</u>	10. <u>W</u>	11. <u>01</u>

Second Highest Delta "V"

12. <u>02</u>	13. <u>02</u>	14. <u>03</u>	15. <u>R</u>	16. <u>Y</u>	17. <u>H</u>	18. <u>W</u>	19. <u>01</u>
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CRUSH PROFILE IN CENTIMETERS

The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. (ALL MEASUREMENTS ARE IN CENTIMETERS.)

HIGHEST DELTA "V"

20. <u>L</u>	21. <u>C₁</u>	<u>C₂</u>	<u>C₃</u>	<u>C₄</u>	<u>C₅</u>	<u>C₆</u>	22. <u>±D</u>
<u>140</u>	<u>002</u>	<u>001</u>	<u>003</u>	<u>004</u>	<u>005</u>	<u>010</u>	<u>⊕ 015</u>

Second Highest Delta "V"

23. <u>L</u>	24. <u>C₁</u>	<u>C₂</u>	<u>C₃</u>	<u>C₄</u>	<u>C₅</u>	<u>C₆</u>	25. <u>±D</u>
<u>---</u>	<u>---</u>	<u>---</u>	<u>---</u>	<u>---</u>	<u>---</u>	<u>---</u>	<u>+</u>
<u>---</u>	<u>---</u>	<u>---</u>	<u>---</u>	<u>---</u>	<u>---</u>	<u>---</u>	<u>-</u>

26. Are CDCs Documented but Not Coded on The Automated File? 0
(0) No
(1) Yes

27. Researcher's Assessment of Vehicle Disposition 1
(0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown

28. Original Wheelbase 264
Code to the nearest centimeter
(999) Unknown

104.0 inches X 2.54 = 264 centimeters

<p>29. Is This A Multi-Stage Manufactured Vehicle And/Or A Certified Altered Vehicle? <u>0</u></p> <p>(0) No post manufacturer modifications (1) Yes - post manufacturer modifications (specify): _____</p> <p>_____ (Include photograph of CERTIFICATION PLACARD in case report)</p> <p>(9) Unknown if vehicle is modified</p>	<p>34. Fuel Tank-1 Location <u>4</u></p>
<p>30. Fire Occurrence <u>1</u></p> <p>(0) No fire</p> <p>Yes, fire occurred</p> <p>(1) Minor (2) Major (9) Unknown</p>	<p>35. Fuel Tank-2 Location <u>0</u></p> <p>(0) No fuel tank (1) Aft of center of the rear wheels (rear axle) centered (2) Aft of center of the rear wheels (rear axle) left side (3) Aft of center of the rear wheels (rear axle) right side (4) Forward of center of the rear wheels (rear axle) centered (5) Forward of center of the rear wheels (rear axle) left side (6) Forward of center of the rear wheels (rear axle) right side (7) Over center of the rear wheels (rear axle) (8) Other (specify): _____ (9) Unknown</p>
<p>31. Origin of Fire <u>0</u></p> <p>(0) No fire (1) Vehicle exterior (front, side, back, top) (2) Exhaust system (3) Fuel tank (and other fuel retention system parts) (4) Engine compartment (5) Cargo/trunk compartment (6) Instrument panel (7) Passenger compartment area (8) Other location (specify): <u>Instrument Panel / Pass-AIR bag module</u> (9) Unknown</p>	<p>36. Fuel Tank-1 Filler Cap Location <u>3</u></p>
<p>32. Type of Fuel Tank-1 <u>1</u></p>	<p>37. Fuel Tank-2 Filler Cap Location <u>0</u></p> <p>(0) No fuel tank (1) On back plane (2) Aft of center of the rear wheels (rear axle) on left side plane (3) Aft of center of the rear wheels (rear axle) on right side plane (4) Forward of center of the rear wheels (rear axle) on left side plane (5) Forward of center of the rear wheels (rear axle) on right side plane (6) Over the center of the rear wheels (rear axle) on left side plane (7) Over the center of the rear wheels (rear axle) on right side plane (8) Other (specify): _____ (9) Unknown</p>
<p>33. Type of Fuel Tank-2 <u>0</u></p> <p>(0) No fuel tank (electrical vehicle) (1) Metallic (2) Non-metallic (9) Unknown</p>	<p>38. Fuel Tank-1 Damage <u>1</u></p>
	<p>39. Fuel Tank-2 Damage <u>0</u></p> <p>(0) No fuel tank (1) No damage to fuel tank (2) Deformed, no seam failure (3) Deformed, with a seam failure (4) Punctured (5) Lacerated (ripped) (6) Abraded (scraped) (7) Filler neck separation from the fuel tank (8) Other damage (specify): _____ (9) Unknown</p>

<p>40. Location of Fuel System-1 Leakage <u>1</u></p> <p>41. Location of Fuel System-2 Leakage <u>2</u></p> <p style="margin-left: 20px;">(0) No fuel tank (1) No fuel leakage</p> <p><i>Primary Area Of Leakage</i></p> <p style="margin-left: 20px;">(2) Tank (3) Filler neck (4) Cap (5) Lines/pump/filter (6) Vent/emission recovery (8) Other (specify): _____</p> <p style="margin-left: 20px;">(9) Unknown</p> <p>42. Fuel Type-1 <u>01</u></p> <p>43. Fuel Type-2 <u>00</u></p> <p><i>Single Fuel Type</i></p> <p style="margin-left: 20px;">(00) No fuel tank (01) Gasoline (02) Diesel (03) CNG (Compressed Natural Gas) (04) LPG (Liquid Petroleum Gas) also known as Propane (05) LNG (Liquid Natural Gas) (06) Methanol (M100 or M85) (07) Ethanol (E100 or E85) (08) Other (Hydrogen or others) (specify): _____</p> <p><i>Electric Powered or Electric/Solar Powered Vehicles</i></p> <p style="margin-left: 20px;">(10) Lead Acid Battery (11) Nickel-Iron Battery (12) Nickel-Cadmium Battery (13) Sodium Metal Chloride Battery (14) Sodium Sulfur Battery (18) Other (Specify): _____</p> <p style="margin-left: 20px;">(98) Other Hybrid (specify): _____</p> <p style="margin-left: 20px;">(99) Unknown fuel type</p>	<p>44. Is This Vehicle Equipped With More Than Two Fuel Tanks? <u>0</u></p> <p style="margin-left: 20px;">(0) No (one or two tanks only)</p> <p><i>Yes - More Than Two Tanks</i></p> <p style="margin-left: 20px;">(1) Yes -- <u>no damage</u> to any tank or filler cap and <u>no fuel system leakage</u> (2) Yes -- <u>no damage</u> to any tank or filler cap but <u>there is fuel system leakage</u> (specify leakage location): _____ (3) Yes -- <u>damage</u> to an additional tank or filler cap and <u>there is fuel system leakage</u> (specify the following): Type of tank _____ Tank location _____ Filler cap location _____ Tank damage _____ Location of leakage _____ Type of fuel _____</p> <p style="margin-left: 20px;">(9) Unknown if more than two tanks</p> <div style="text-align: center; border: 1px solid black; padding: 5px; margin: 10px 0;"> COMMENTS </div> <div style="border: 1px solid black; height: 150px; margin: 0 0 0 20px;"></div>
<p>*** STOP: IF THE CDS APPLICABLE VEHICLE WAS NOT TOWED AND WAS NOT AN AOPS *** (I.E., GV09=0 OR 9 AND GV36=0), DO NOT COMPLETE THE INTERIOR VEHICLE FORM.</p>	



INTERIOR VEHICLE FORM

1. Primary Sampling Unit Number 10

2. Case Number - Stratum 9416

3. Vehicle Number 01

INTEGRITY

4. Passenger Compartment Integrity 00
(00) No integrity loss

Yes, Integrity Was Lost Through

- (01) Windshield
- (02) Door (side)
- (03) Door/hatch (back door)
- (04) Roof
- (05) Roof glass
- (06) Side window
- (07) Rear window (backlight)
- (08) Roof and roof glass
- (09) Windshield and door (side)
- (10) Windshield and roof
- (11) Side and rear window (side window and backlight)
- (12) Windshield and side window
- (13) Door and side window
- (98) Other combination of above (specify):

(99) Unknown

Door, Tailgate or Hatch Opening

5. LF 1 6. RF 1 7. LR 1 8. RR 1 9. TG/H 0

- (0) No door/gate/hatch
- (1) Door/gate/hatch remained closed and operational
- (2) Door/gate/hatch came open during collision
- (3) Door/gate/hatch jammed shut
- (8) Other (specify):

(9) Unknown

Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision. If IV05-IV09 ≠ 2, Then code 0

10. LF 0 11. RF 0 12. LR 0 13. RR 0 14. TG/H 0

- (0) No door/gate/hatch or door not opened

Door, Tailgate or Hatch Came Open During Collision

- (1) Door operational (no damage)
- (2) Latch/striker failure due to damage
- (3) Hinge failure due to damage
- (4) Door structure failure due to damage
- (5) Door support (i.e., pillar, sill, roof side rail, etc.) failure due to damage
- (6) Latch/striker and hinge failure due to damage
- (8) Other failure (specify):

(9) Unknown

GLAZING

Glazing Damage from Impact Forces

15. WS 0 16. LF 0 17. RF 0 18. LR 0 19. RR 0

20. BL 0 21. Roof 8 22. Other 8

- (0) No glazing damage from impact forces
- (2) Glazing in place and cracked from impact forces
- (3) Glazing in place and holed from impact forces
- (4) Glazing out-of-place (cracked or not) and not holed from impact forces
- (5) Glazing out-of-place and holed from impact forces
- (6) Glazing disintegrated from impact forces
- (7) Glazing removed prior to accident
- (8) No glazing
- (9) Unknown if damaged

Glazing Damage from Occupant Contact

23. WS 0 24. LF 0 25. RF 0 26. LR 0 27. RR 0

28. BL 0 29. Roof 0 30. Other 0

- (0) No occupant contact to glazing or no glazing
- (1) Glazing contacted by occupant but no glazing damage
- (2) Glazing in place and cracked by occupant contact
- (3) Glazing in place and holed by occupant contact
- (4) Glazing out-of-place (cracked or not) by occupant contact and not holed by occupant contact
- (5) Glazing out-of-place by occupant contact and holed by occupant contact
- (6) Glazing disintegrated by occupant contact
- (9) Unknown if contacted by occupant

If No Glazing Damage And No Occupant Contact or No Glazing, Then Code IV31 Through IV46 As 0

Type of Window/Windshield Glazing

31. WS 0 32. LF 0 33. RF 0 34. LR 0 35. RR 0

36. BL 0 37. Roof 0 38. Other 0

- (0) No glazing contact and no damage, or no glazing
- (1) AS-1 - Laminated
- (2) AS-2 - Tempered
- (3) AS-3 - Tempered-tinted
- (4) AS-14 - Glass/Plastic
- (8) Other (specify):

(9) Unknown

Window Precrash Glazing Status

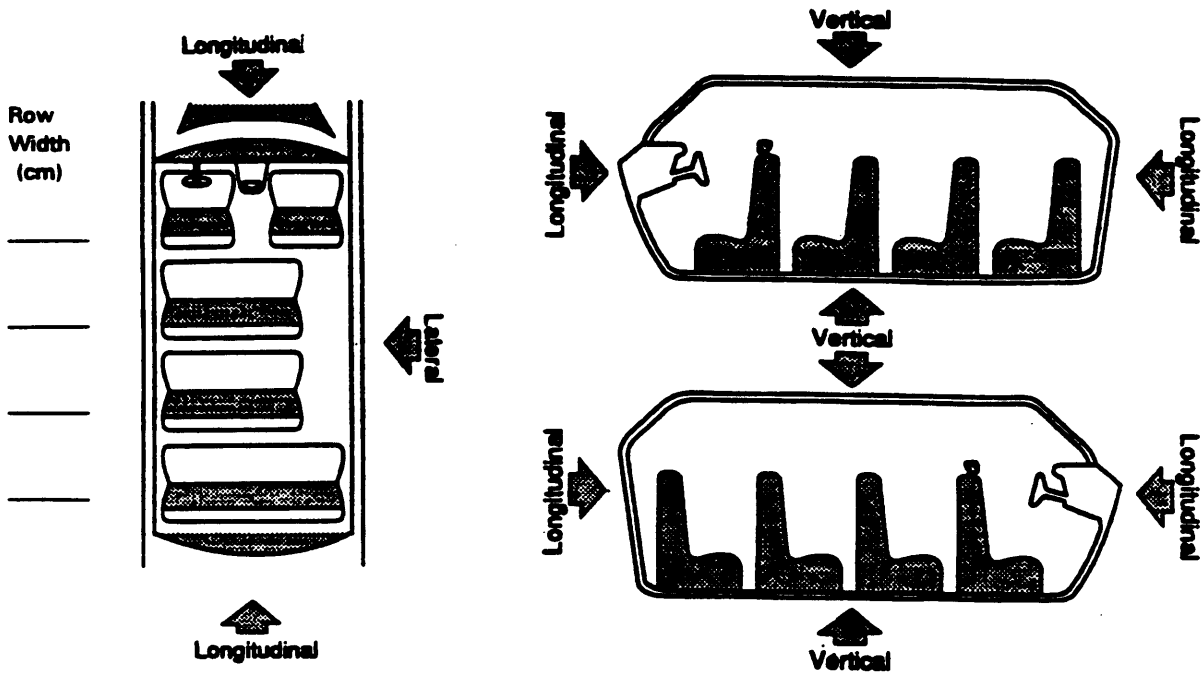
39. WS 0 40. LF 0 41. RF 0 42. LR 0 43. RR 0

44. BL 0 45. Roof 0 46. Other 0

- (0) No glazing contact and no damage, or no glazing
- (1) Fixed
- (2) Closed
- (3) Partially opened
- (4) Fully opened
- (9) Unknown

INTRUSION WORKSHEET

Note: Sketch intruded areas



LOCATION OF INTRUSION	INTRUDED COMPONENT	(All Measurements Are in Centimeters)			INTRUSION	DOMINANT CRUSH DIRECTION
		COMPARISON VALUE	—	INTRUDED VALUE	=	
			—		=	
			—		=	
	NONE		—		=	
			—		=	
			—		=	
			—		=	
			—		=	
			—		=	
			—		=	
			—		=	
			—		=	
			—		=	
			—		=	
			—		=	
			—		=	

Document no more than the 15 most severe intrusions

OCCUPANT AREA INTRUSION

Note: If no intrusions, leave variables IV47-IV86 blank.

	Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
1st	47. _____	48. _____	49. _____	50. _____
2nd	51. _____	52. _____	53. _____	54. _____
3rd	55. _____	56. _____	57. _____	58. _____
4th	59. _____	60. _____	61. _____	62. _____
5th	63. _____	64. _____	65. _____	66. _____
6th	67. _____	68. _____	69. _____	70. _____
7th	71. _____	72. _____	73. _____	74. _____
8th	75. _____	76. _____	77. _____	78. _____
9th	79. _____	80. _____	81. _____	82. _____
10th	83. _____	84. _____	85. _____	86. _____

INTRUDING COMPONENT

Interior Components

- (01) Steering assembly
- (02) Instrument panel left
- (03) Instrument panel center
- (04) Instrument panel right
- (05) Toe pan
- (06) A (A1/A2)-pillar
- (07) B-pillar
- (08) C-pillar
- (09) D-pillar
- (10) Door panel (side)
- (12) Roof (or convertible top)
- (13) Roof side rail
- (14) Windshield
- (15) Windshield header
- (16) Window frame
- (17) Floor pan (includes sill)
- (18) Backlight header
- (19) Front seat back
- (20) Second seat back
- (21) Third seat back
- (22) Fourth seat back
- (23) Fifth seat back
- (24) Seat cushion
- (25) Back door/panel (e.g., tailgate)
- (26) Other interior component (specify): _____

- (27) Side panel - forward of the A (A2)-pillar
- (28) Side panel - rear of the A (A2)-pillar

Exterior Components

- (30) Hood
- (31) Outside surface of this vehicle (specify): _____
- (32) Other exterior object in the environment (specify): _____
- (33) Unknown exterior object
- (97) Catastrophic
- (98) Intrusion of unlisted component(s) (specify): _____
- (99) Unknown

LOCATION OF INTRUSION

Front Seat
 (11) Left
 (12) Middle
 (13) Right

Fourth Seat
 (41) Left
 (42) Middle
 (43) Right

Second Seat
 (21) Left
 (22) Middle
 (23) Right

(97) Catastrophic
 (98) Other enclosed area (specify) _____

(99) Unknown

Third Seat
 (31) Left
 (32) Middle
 (33) Right

MAGNITUDE OF INTRUSION

- (1) ≥ 3 centimeters but < 8 centimeters
- (2) ≥ 8 centimeters but < 15 centimeters
- (3) ≥ 15 centimeters but < 30 centimeters
- (4) ≥ 30 centimeters but < 46 centimeters
- (5) ≥ 46 centimeters but < 61 centimeters
- (6) ≥ 61 centimeters
- (7) Catastrophic
- (9) Unknown

DOMINANT CRUSH DIRECTION

- (1) Vertical
- (2) Longitudinal
- (3) Lateral
- (7) Catastrophic
- (9) Unknown

STEERING RIM SPOKE DEFORMATION

(All Measurements Are in Centimeters)

COMPARISON VALUE	—	DAMAGE VALUE	=	DEFORMATION
------------------	---	--------------	---	-------------

	—		=	
--	---	--	---	--

	—		=	
--	---	--	---	--

	—		=	
--	---	--	---	--

	—		=	
--	---	--	---	--

STEERING COLUMN

87. Steering Column Type 1
- (1) Fixed column
 (2) Tilt column
 (3) Telescoping column
 (4) Tilt and telescoping column
 (8) Other column type (specify): _____
 (9) Unknown

88. Blank X X
 (This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.)

89. Blank X X X
 (This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.)

90. Blank X X X
 (This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.)

91. Blank X X X
 (This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.)

92. Steering Rim/Spoke Deformation 0 0
 Code actual measured deformation to the nearest centimeter
 (00) No steering rim deformation
 (01-14) Actual measured value in centimeters
 (15) 15 centimeters or more
 (98) Observed deformation cannot be measured
 (99) Unknown

93. Location of Steering Rim/Spoke Deformation 0 0
 (00) No steering rim deformation

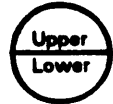
Quarter Sections

- (01) Section A
 (02) Section B
 (03) Section C
 (04) Section D



Half Sections

- (05) Upper half of rim/spoke
 (06) Lower half of rim/spoke
 (07) Left half of rim/spoke
 (08) Right half of rim/spoke



- (09) Complete steering wheel collapse
 (10) Undetermined location
 (99) Unknown

INSTRUMENT PANEL

94. Odometer Reading 0 0 8,000

_____ kilometers—Code to the nearest 1,000 kilometers

- (000) No odometer
 (001) Less than 1,500 kilometers
 (500) 499,500 kilometers or more
 (999) Unknown

1935 miles X 1.6093 = 7942 kilometers

Source: ODDOME TER

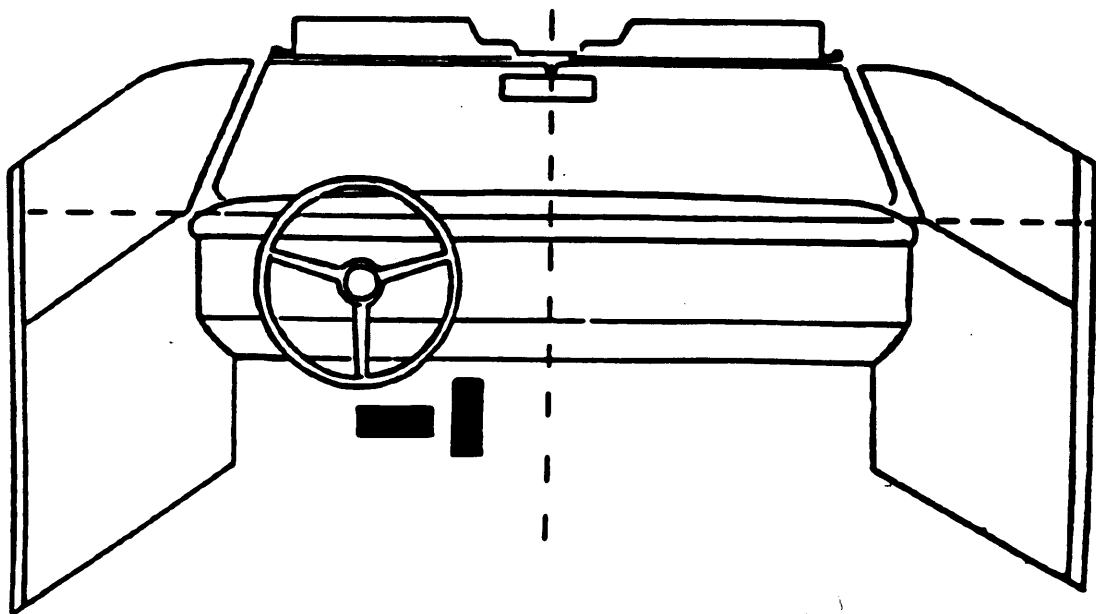
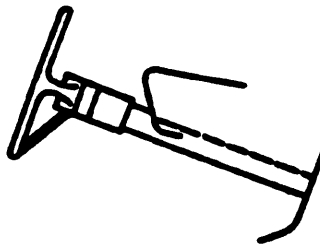
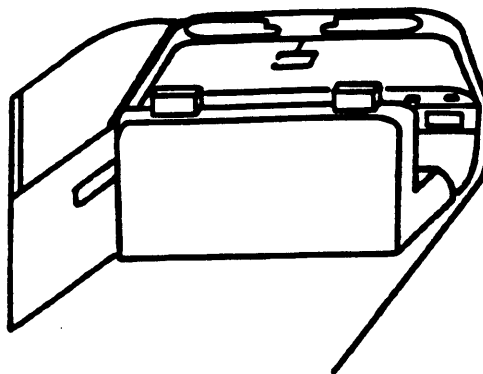
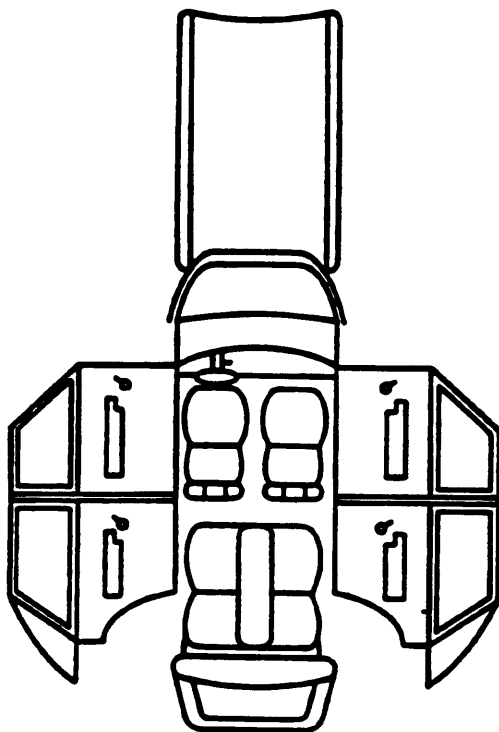
95. Instrument Panel Damage from Occupant Contact? 0
 (0) No
 (1) Yes
 (9) Unknown

96. Knee Bolsters Deformed from Occupant Contact? 0
 (0) No
 (1) Yes
 (8) Not present
 (9) Unknown

97. Did Glove Compartment Door Open During Collision(s)? 0
 (0) No
 (1) Yes
 (8) Not present
 (9) Unknown

VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment



Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure).
Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.
Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

POINTS OF OCCUPANT CONTACT

Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A					
B					
C					
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					

CODES FOR INTERIOR COMPONENTS

FRONT

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (16) Driver side air bag compartment cover
- (17) Passenger side air bag compartment cover
- (18) Windshield reinforced by exterior object (specify): _____
- (19) Other front object (specify): _____

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A (A1/A2)-pillar

- (23) Left B-pillar

- (24) Other left pillar (specify): _____

- (25) Left side window glass or frame
- (26) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (27) Other left side object (specify): _____

- (28) Left side window sill

RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A (A1/A2)-pillar
- (33) Right B-pillar
- (34) Other right pillar (specify): _____
- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B pillar, or roof side rail.
- (37) Other right side object (specify): _____
- (38) Right side window sill

INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar attachment point
- (43) Other restraint system component (specify): _____
- (44) Head restraint system
- (45) Air bag (use codes "16" and "17" for injuries sustained from air bag compartment covers)

- (46) Other occupants (specify): _____

- (47) Interior loose objects

- (48) Child safety seat (specify): _____

- (49) Other interior object (specify): _____

ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

FLOOR

- (56) Floor (including toe pan)
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

REAR

- (60) Backlight (rear window)
- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify): _____

CONFIDENCE LEVEL OF CONTACT POINT

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

AUTOMATIC RESTRAINTS

NOTES: Encode the data for each applicable front seat position. The attribute for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

AIR BAGS

		Left	Right
F I R S T	Availability/Function	1	1
	Deployment	1	1
	Failure	1	2

Air Bag System Availability/Function

- (0) Not equipped/not available
(1) Air bag

Non-functional

- (2) Air bag disconnected (specify):

(3) Air bag not reinstalled
(9) Unknown

Air Bag System Deployment

- (0) Not equipped/not available
(1) Air bag deployed during accident (as a result of impact)
(2) Air bag deployed inadvertently just prior to accident
(3) Air bag deployed, accident sequence undetermined
(4) Nondeployed
(5) Unknown if deployed
(6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
(9) Unknown

Are There Indications of Air Bag System Failure?

- (0) Not equipped/not available
(1) No
(2) Yes (specify):
(9) Unknown

Inflator started
Bag on fire

AUTOMATIC BELTS

		Left	Right
F I R S T	Availability/Function		
	Use		
	Type		
	Proper Use		
	Failure Modes		

Automatic (Passive) Belt System Availability/Function

- (0) Not equipped/not available
(1) 2 point automatic belts
(2) 3 point automatic belts
(3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
(9) Unknown

Automatic (Passive) Belt System Use

- (0) Not equipped/not available/destroyed or rendered inoperative
(1) Automatic belt in use
(2) Automatic belt not in use (manually disconnected, motorized track inoperative)
(3) Automatic belt use unknown
(9) Unknown

Automatic (Passive) Belt System Type

- (0) Not equipped/not available
(1) Non-motorized system
(2) Motorized system
(9) Unknown

Proper Use of Automatic (Passive) Belt System

- (0) Not equipped/not available/not used
(1) Automatic belt used properly
(2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
(4) Automatic shoulder belt worn behind back
(5) Automatic belt worn around more than one person
(6) Lap portion of automatic belt worn on abdomen
(7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):

(8) Other improper use of automatic belt system (specify):

(9) Unknown

Automatic (Passive) Belt Failure Modes During Accident

- (0) Not equipped/not available/not in use
(1) No automatic belt failure(s)
(2) Torn webbing (stretched webbing not included)
(3) Broken buckle or latchplate
(4) Upper anchorage separated
(5) Other anchorage separated (specify):

(6) Broken retractor
(7) Combination of above (specify):

(8) Other automatic belt failure (specify):

(9) Unknown

MANUAL RESTRAINTS

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

If a Child safety seat is present, encode the data on the back of this page.

If the vehicle has automatic restraints available, encode the appropriate data on the back of the previous page.

		Left	Center	Right
FIRST	Availability	4	0	4
	Evidence of usage	04		04
	Used in this crash?	04		04
	Proper Use	1		1
	Failure Modes	1		1
SECOND	Availability	4	3	4
	Evidence of usage	04	00	04
	Used in this crash?	00	00	00
	Proper Use	0	0	0
	Failure Modes	0	0	0
OTHER	Availability			
	Evidence of usage			
	Used in this crash?			
	Proper Use			
	Failure Modes			

Manual (Active) Belt System Availability

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available - type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): _____

(9) Unknown

Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperable (specify): _____

(02) Shoulder belt _____

(03) Lap belt _____

(04) Lap and shoulder belt _____

(05) Belt used - type unknown

(08) Other belt used (specify): _____

(12) Shoulder belt used with child safety seat

(13) Lap belt used with child safety seat

(14) Lap and shoulder belt used with child safety seat

(15) Belt used with child safety seat - type unknown

(18) Other belt used with child safety seat (specify): _____

(99) Unknown if belt used

Proper Use of Manual (Active) Belts

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of manual belt system (specify): _____

(9) Unknown

Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

(6) Broken retractor _____

(7) Combination of above (specify): _____

(8) Other manual belt failure (specify): _____

(9) Unknown

CHILD SAFETY SEAT FIELD ASSESSMENT

When a child safety seat is present enter the occupant's number in the first row and complete the column below the occupant's number using the codes listed below. Complete a column for each child safety seat present.

Occupant Number						
1. Type of Child Safety Seat						
2. Child Safety Seat Orientation						
3. Child Safety Seat Harness Usage						
4. Child Safety Seat Shield Usage						
5. Child Safety Seat Tether Usage						
6. Child Safety Seat Make/Model	Specify Below for Each Child Safety Seat					

1. Type of Child Safety Seat

- (0) No child safety seat
- (1) Infant seat
- (2) Toddler seat
- (3) Convertible seat
- (4) Booster seat
- (7) Other type child safety seat (specify): _____
- (8) Unknown child safety seat type
- (9) Unknown if child safety seat used

2. Child Safety Seat Orientation

- (00) No child safety seat
- Designed for Rear Facing for This Age/Weight
- (01) Rear facing
- (02) Forward facing
- (08) Other orientation (specify): _____
- (09) Unknown orientation

Designed for Forward Facing for This Age/Weight

- (11) Rear facing
- (12) Forward facing
- (18) Other orientation (specify): _____
- (19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

- (21) Rear facing
- (22) Forward facing
- (28) Other orientation (specify): _____
- (29) Unknown orientation

(99) Unknown if child safety seat used

3. Child Safety Seat Harness Usage

4. Child Safety Seat Shield Usage

5. Child Safety Seat Tether Usage

Note: Options Below Are Used for Variables 3-5.

(00) No child safety seat

Not Designed with Harness/Shield/Tether

- (01) After market harness/shield/tether added, not used
- (02) After market harness/shield/tether used
- (03) Child safety seat used, but no after market harness/shield/tether added
- (09) Unknown if harness/shield/tether added or used

Designed With Harness/Shield/Tether

- (11) Harness/shield/tether not used
- (12) Harness/shield/tether used
- (19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

- (21) Harness/shield/tether not used
- (22) Harness/shield/tether used
- (29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

6. Child Safety Seat Make/Model

(Specify make/model and occupant number)

HEAD RESTRAINTS/SEAT EVALUATION

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for these variables may be found at the bottom of the page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		Left	Center	Right
FIRST	Head Restraint Type/Damage	3	0	3
	Seat Type	02		02
	Seat Performance	1		1
	Seat Orientation	1		1
SECOND	Head Restraint Type/Damage	1	0	1
	Seat Type	05	05	05
	Seat Performance	1	1	1
	Seat Orientation	1	1	1
THIRD	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			
OTHER	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			

Head Restraint Type/Damage by Occupant at This Occupant Position

- (0) No head restraints
- (1) Integral — no damage
- (2) Integral — damaged during accident
- (3) Adjustable — no damage
- (4) Adjustable — damaged during accident
- (5) Add-on — no damage
- (6) Add-on — damaged during accident
- (8) Other Specify: _____

(9) Unknown

Seat Type (this Occupant Position)

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify): _____

- (10) Box mounted seat (i.e., van type)
- (99) Unknown

Seat Performance (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed specify: _____
- (4) Seat tracks/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): _____

(7) Combination of above (specify): _____

(8) Other (specify): _____

(9) Unknown

Seat Orientation (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify): _____

(9) Unknown

DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE (I.E., UNUSUAL OCCUPANT CONTACT PATTERN)

EJECTION ENTRAPMENT DATA

Complete the following if the researcher has any indication that an occupant was either ejected from or entrapped in the vehicle. Code the appropriate data on the Occupant Assessment Form.

EJECTION No ☒ Yes ☐

Describe indications of ejection and body parts involved in partial ejection(s):

Occupant Number						
Ejection						
(Note on Vehicle Interior Sketch) Ejection Area						
Ejection Medium						
Medium Status						

Ejection

- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, Unknown degree
- (9) Unknown

Ejection Area

- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear

(7) Roof

- (8) Other area (e.g., back of pickup, etc.) (specify):

(9) Unknown**Ejection Medium**

- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify):

(5) Integral structure

- (8) Other medium (specify):

(9) Unknown**Medium Status (Immediately Prior to Impact)**

- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

ENTRAPMENT No ☒ Yes ☐

Describe entrapment mechanism: _____

Component(s): _____

(Note in vehicle interior diagram)

Appendix E:

NASS CDS VEHICLE FORMS: VEHICLE #2



GENERAL VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number 10

2. Case Number - Stratum 94 16

3. Vehicle Number 02

VEHICLE IDENTIFICATION

4. Vehicle Model Year 86
Code the last two digits of the model year
(99) Unknown

5. Vehicle Make (specify): Dodge 07
Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(99) Unknown

6. Vehicle Model (specify): 008
OMNI
Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(99) Unknown

7. Body Type 05
Note: Applicable codes may be found on
the back of this page.

8. Vehicle Identification Number

1B3BZ48C94D
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17

Left justify; Slash zeros and letter Z (0 and Z)
No VIN—Code all zeros
Unknown—Code all nines

OFFICIAL RECORDS

9. Police Reported Vehicle Disposition 1
(0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown

10. Police Reported Travel Speed 999

Code to the nearest kph (NOTE: 000 means
less than 0.5 kph)
(160) 159.5 kph and above
(999) Unknown

___ mph X 1.6093 = ___ kph

11. Police Reported Alcohol Presence 0
(0) No alcohol present
(1) Yes (alcohol present)
(7) Not reported
(8) No driver present
(9) Unknown

Note: See variables 37 through 55
(Page 4) for information on Other Drugs

12. Alcohol Test Result For Driver 96
Code actual value (decimal implied
before first digit—0.xx)
(95) Test refused
(96) None given
(97) AC test performed, results unknown
(98) No driver present
(99) Unknown

Source: PAR

ACCIDENT RELATED

13. Speed Limit 040
(000) No statutory limit
Code posted or statutory speed limit
in kph
(999) Unknown

25 mph X 1.6093 = 040 kph

14. Attempted Avoidance Maneuver 01
(01) No avoidance actions
(02) Braking (no lockup)
(03) Braking (lockup)
(04) Braking (lockup unknown)
(05) Releasing brakes
(06) Steering left
(07) Steering right
(08) Braking and steering left
(09) Braking and steering right
(10) Accelerating
(11) Accelerating and steering left
(12) Accelerating and steering right
(97) No driver present
(98) Other action (specify):
(99) Unknown

15. Accident Type 89
Applicable codes may be found on the
back of page two of this field form
(C0) No impact
Code the number of the diagram that
best describes the accident circumstance
(98) Other accident type (specify):
(99) Unknown

**** SKIP TO VARIABLE GV37 IF GV07 DOES NOT EQUAL 01-49 ****

OCCUPANT RELATED

16. Driver Presence in Vehicle 1

- (0) Driver not present
(1) Driver present
(9) Unknown

17. Number of Occupants This Vehicle 02
(00-96) Code actual number of occupants
for this vehicle
(97) 97 or more
(99) Unknown

18. Number of Occupant Forms Submitted 02

VEHICLE WEIGHT ITEMS

19. Vehicle Curb Weight 1,000
Code weight to nearest
10 kilograms.
(045) Less than 450 kilograms
(610) 6,100 kilograms or more
(999) Unknown

2,211 lbs X .4536 = 1,003 kgs

Source: [REDACTED]

20. Vehicle Cargo Weight 0.000
Code weight to nearest
10 kilograms.
(000) Less than 5 kilograms
(450) 4,500 kilograms or more
(999) Unknown

_____ lbs X .4536 = _____ kgs

RECONSTRUCTION DATA

21. Towed Trailing Unit 0
(0) No towed unit
(1) Yes—towed trailing unit
(9) Unknown

22. Documentation of Trajectory Data
for This Vehicle 1
(0) No
(1) Yes

23. Post Collision Condition of Tree or Pole
(For Highest Delta V) 0
(0) Not collision (for highest delta V) with
tree or pole
(1) Not damaged
(2) Cracked/sheared
(3) Tilted <45 degrees
(4) Tilted ≥45 degrees
(5) Uprooted tree
(6) Separated pole from base
(7) Pole replaced
(8) Other (specify):

(9) Unknown

24. Rollover 0

(0) No rollover (no overturning)

Rollover (primarily about the longitudinal axis)

- (1) Rollover, 1 quarter turn only
(2) Rollover, 2 quarter turns
(3) Rollover, 3 quarter turns
(4) Rollover, 4 or more quarter turns (specify):

(5) Rollover—end-over-end (i.e., primarily
about the lateral axis)

(9) Rollover (overturn), details unknown

OVERRIDE/UNDERRIDE (THIS VEHICLE)

25. Front Override/Underride (this Vehicle) 026. Rear Override/Underride (this Vehicle) 0

(0) No override/underride, or
not an end-to-end impact

Override (see specific CDC)

- (1) 1st CDC
(2) 2nd CDC
(3) Other not automated CDC (specify):

Underride (see specific CDC)

- (4) 1st CDC
(5) 2nd CDC
(6) Other not automated CDC (specify):

- (7) Medium/heavy truck or bus override
(9) Unknown

HEADING ANGLE AT IMPACT FOR
HIGHEST DELTA V

Values: (000)-(359) Code actual value
(997) Noncollision
(998) Impact with object
(999) Unknown

27. Heading Angle For This Vehicle 09028. Heading Angle For Other Vehicle 168

29. Basis for Total Delta V (highest) 1*Delta V Calculated*

- (1) CRASH program—damage only routine
- (2) CRASH program—damage and trajectory routine
- (3) Missing vehicle algorithm

Delta V Not Calculated

- (4) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.
- (5) All vehicles within scope (CDC applicable) of CRASH program but one of the collision conditions is beyond the scope of the CRASH program or other acceptable reconstruction technique, regardless of adequacy of damage data.
- (6) All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available.

COMPUTER GENERATED DELTA V

30. Total Delta V

Highest

01717 Nearest kph (highest)

_____ Nearest kph (secondary)

(NOTE: 000 means less than
0.5 kph)
(160) 159.5 kph and above
(999) Unknown

31. Longitudinal Component of
Delta V+ 0006-6 Nearest kph (highest)

_____ Nearest kph (secondary)

(NOTE: _000 means greater than
-0.5 kph and less than +0.5 kph)
(±160) ±159.5 kph and above
(_999) Unknown

32. Lateral Component of Delta V + 016 Highest16 Nearest kph (highest)

_____ Nearest kph (secondary)

(NOTE: _000 means greater than
-0.5 kph and less than +0.5 kph)
(±160) ±159.5 kph and above
(_999) Unknown

33. Energy Absorption

01230012252 Nearest 100 joules (highest)

_____ Nearest 100 joules (secondary)

(NOTE: 0000 means less than 50 joules)
(9997) 999,650 joules or more
(9999) Unknown

34. Confidence In Reconstruction Program
Results (For Highest Delta V)

- (0) No reconstruction
- (1) Collision fits model — results appear reasonable
- (2) Collision fits model — results appear high
- (3) Collision fits model — results appear low
- (4) Borderline reconstruction — results appear reasonable

35. Type of Vehicle Inspection

- (0) No inspection
- (1) Complete inspection
- (2) Partial inspection (specify):

36. Is this an AOPS Vehicle?

- (0) No
- (1) Yes - researcher determined
- (2) VIN determined air bag system
- (3) VIN determined automatic (passive) belts
- (4) VIN determined air bag and automatic (passive) belts

IS OLDMISS APPLICABLE FOR THIS VEHICLE? [] YES [✓] NO

IF YES: IS A COMPLETED OLDMISS PROGRAM SUMMARY INCLUDED? [] YES [] NO

37. Police Reported Other Drug Presence 0

- (0) No other drug(s) present
 (1) Yes [other drug(s) present]
 (7) Not reported
 (8) No driver present
 (9) Unknown

38. Police Reported Drug Evaluation Classification (DEC) Test For Driver 0

- (0) No DEC process available or given
 (1) DEC process given, results known
 (2) DEC process given, results unknown
 (3) DEC process available, unknown if given
 (8) No driver present

39. Other Drug Specimen Test Type For Driver 0

- (0) No specimen test given
 (1) Blood test
 (2) Urine test
 (3) Other specimen tests (specify):

 (7) Unspecified specimen test
 (8) No driver present
 (9) Unknown if specimen test given

DRUG EVALUATION CLASSIFICATION

OTHER DRUGS TEST RESULTS FOR DRIVER

	DEC Test Results	Specimen Test Results
Narcotic Drug	40. <u>0</u>	41. <u>0</u>
Depressant Drug	42. <u>0</u>	43. <u>0</u>
Stimulant Drug	44. <u>0</u>	45. <u>0</u>
Hallucinogen Drug	46. <u>0</u>	47. <u>0</u>
Cannabinoid Drug	48. <u>0</u>	49. <u>0</u>
Phencyclidine (PCP)	50. <u>0</u>	51. <u>0</u>
Inhalant Drug	52. <u>0</u>	53. <u>0</u>
Other Drug (Excluding Nicotine, Aspirin, Alcohol, Drugs Administered Post-Crash)	54. <u>0</u>	55. <u>0</u>

Codes For DEC Test Results

- (0) No DEC test given
 (1) Passed DEC test
 (2) Failed DEC test
 (3) DEC test given—results unknown
 (8) No driver present
 (9) Unknown if DEC test given

Codes for Specimen Test Results

- (0) No specimen test given
 (1) Drug not found in specimen
 (2) Drug found in specimen
 (7) Specimen test given, results unknown or not obtained
 (8) No driver present
 (9) Unknown if specimen test given

OTHER DATA

56. Driver's Zip Code

- (00000) Driver not present
 (00001) Driver not a resident of U.S. or territories
 Code actual 5-digit zip code
 (99999) Unknown

57. Driver's Race/Ethnic Origin

- (0) Driver not present
 (1) White (non-Hispanic)
 (2) Black (non-Hispanic)
 (3) White (Hispanic)
 (4) Black (Hispanic)
 (5) American Indian, Eskimo or Aleut
 (6) Asian or Pacific Islander
 (8) Other (specify):
 (9) Unknown

58. Vehicle Special Use (This Trip)

- (0) No special use
 (1) Taxi
 (2) Vehicle used as school bus
 (3) Vehicle used as other bus
 (4) Military
 (5) Police
 (6) Ambulance
 (7) Fire truck or car
 (8) Other (specify):
 (9) Unknown

61. Rollover Initiation Object Contacted

62. Location on Vehicle Where Initial Principal Tripping Force Is Applied

- (0) No rollover
 (1) Wheels/tires
 (2) Side plane
 (3) End plane
 (4) Undercarriage
 (5) Other location on vehicle (specify):
 (8) Non-contact rollover forces (specify):
 (9) Unknown

63. Direction of Initial Roll

- (0) No rollover
 (1) Roll right - primarily about the longitudinal axis
 (2) Roll left - primarily about the longitudinal axis
 (5) End-over-end (i.e., primarily about the lateral axis)
 (9) Unknown roll direction

PRECRASH DATA

64. Pre-Event Movement (Prior to Recognition of Critical Event)

- (01) Going straight
 (02) Slowing or stopping in traffic lane
 (03) Starting in traffic lane
 (04) Stopped in traffic lane
 (05) Passing or overtaking another vehicle
 (06) Disabled or parked in travel lane
 (07) Leaving a parking position
 (08) Entering a parking position
 (09) Turning right
 (10) Turning left
 (11) Making a U-turn
 (12) Backing up (other than for parking position)
 (13) Negotiating a curve
 (14) Changing lanes
 (15) Merging
 (16) Successful avoidance maneuver to a previous critical event
 (97) Other (specify):
 (98) No driver present
 (99) Unknown

ROLLOVER DATA

If GV07 (Body Type) \neq 1-49, leave GV59-GV63 blank.
 If GV24 (Rollover) = 0, then GV59-GV63 must equal 0.
 If GV24 = 9, then GV59-GV63 must equal 9.

59. Rollover Initiation Type

- (0) No rollover
 (1) Trip-over
 (2) Flip-over
 (3) Turn-over
 (4) Climb-over
 (5) Fall-over
 (6) Bounce-over
 (7) Collision with another vehicle
 (8) Other rollover initiation type specify:
 (9) Unknown rollover initiation type

60. Location of Rollover Initiation

- (0) No rollover
 (1) On roadway
 (2) On shoulder—paved
 (3) On shoulder—unpaved
 (4) On roadside or divided trafficway median
 (9) Unknown

PRECRASH DATA (Continued)

65. Critical Precrash Event 17*This Vehicle Loss of Control Due To:*

- (01) Blow out or flat tire
- (02) Stalled engine
- (03) Disabling vehicle failure (e.g., wheel fell off)
(specify): _____
- (04) Non-disabling vehicle problem (e.g., hood flew up) (specify): _____
- (05) Poor road conditions (puddle, pot hole, ice, etc.)
(specify): _____
- (06) Traveling too fast for conditions
- (08) Other cause of control loss (specify): _____
- (09) Unknown cause of control loss

This Vehicle Traveling

- (10) Over the lane line on left side of travel lane
- (11) Over the lane line on right side of travel lane
- (12) Off the edge of the road on the left side
- (13) Off the edge of the road on the right side
- (14) End departure
- (15) Turning left at intersection
- (16) Turning right at intersection
- (17) Crossing over (passing through) intersection
- (19) Unknown travel direction

Other Motor Vehicle In Lane

- (50) Stopped
- (51) Traveling in same direction with lower speed
(i.e., lower steady speed or decelerating)
- (52) Traveling in same direction with higher speed
- (53) Traveling in opposite direction
- (54) In crossover
- (55) Backing
- (59) Unknown travel direction of other motor vehicle
in lane

Other Motor Vehicle Encroaching Into Lane

- (60) From adjacent lane (same direction)—over left
lane line
- (61) From adjacent lane (same direction)—over right
lane line
- (62) From opposite direction—over left lane line
- (63) From opposite direction—over right lane line
- (64) From parking lane
- (65) From crossing street, turning into same
direction
- (66) From crossing street, across path
- (67) From crossing street, turning into opposite
direction
- (68) From crossing street, intended path not known
- (70) From driveway, turning into same direction
- (71) From driveway, across path
- (72) From driveway, turning into opposite direction
- (73) From driveway, intended path not known
- (74) From entrance to limited access highway
- (78) Encroachment by other vehicle—details
unknown

Pedestrian or Pedalcyclist, or Other Nonmotorist

- (80) Pedestrian in roadway
- (81) Pedestrian approaching roadway
- (82) Pedestrian—unknown location
- (83) Pedalcyclist or other nonmotorist in roadway
(specify): _____
- (84) Pedalcyclist or other nonmotorist approaching
roadway (specify): _____
- (85) Pedalcyclist or other nonmotorist—unknown
location (specify): _____

Object or Animal

- (87) Animal in roadway
- (88) Animal approaching roadway
- (89) Animal—unknown location
- (90) Object in roadway
- (91) Object approaching roadway
- (92) Object—unknown location

(98) Other critical precrash event (specify): _____

(99) Unknown

For Corrective Actions Attempted see variable GV14
(Attempted Avoidance Manuever)66. Precrash Stability After Avoidance Maneuver 0

- (0) No avoidance maneuver
- (1) Tracking
- (2) Skidding longitudinally—rotation less than 30
degrees
- (3) Skidding laterally—clockwise rotation
- (4) Skidding laterally—counterclockwise rotation
- (7) Other vehicle loss-of-control (specify): _____
- (8) No driver present
- (9) Precrash stability unknown

67. Precrash Directional Consequences of
Avoidance Maneuver (Corrective Action) 0

- (0) No avoidance maneuver
- (1) Vehicle stayed in travel lane where avoidance
maneuver was initiated
- (2) Vehicle stayed on roadway but left travel lane
where avoidance maneuver was initiated
- (3) Vehicle stayed on roadway, not known if left
travel lane where avoidance maneuver was
initiated
- (4) Vehicle departed roadway
- (5) Avoidance maneuver initiated off roadway
- (8) No driver present
- (9) Directional consequences unknown

*** IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV35 = 0), ***
DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS.

*** IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE ***
THE EXTERIOR VEHICLE, INTERIOR VEHICLE,
OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.

EXTERIOR VEHICLE FORM

**NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM**

1. Primary Sampling Unit Number	<u>10</u>	3. Vehicle Number	<u>02</u>
2. Case Number - Stratum	<u>9416</u>		

VEHICLE IDENTIFICATION

VIN 1B3BZ48C9GD Model Year 86
Vehicle Make (specify): DODGE Vehicle Model (specify): OMNI

LOCATOR

Locate the end of the damage with respect to the vehicle longitudinal center line or bumper corner for end impacts or an undamaged axle for side impacts.

Specific Impact No.	Location of Direct Damage	3cm BACK from EBC Location of Field L
01	② BC 37cm back to 180cm	ABOVE SILL, MID DOOR front
02	51cm forward of LR axle	fender

CRUSH PROFILE IN CENTIMETERS

NOTES: Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, etc.) and label adjustments (e.g., free space).

Measure and document on the vehicle diagram the location of maximum crush.

Measure C1 to C6 from driver to passenger side in front or rear impacts and rear to front in side impacts.

Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

Use as many lines/columns as necessary to describe each damage profile.

[illegible]

ORIGINAL SPECIFICATIONS WORK SHEET

Wheelbase	<u>99.1</u>	inches x 2.54 =	<u>252</u> cm
Overall Length	<u>164.8</u>	inches x 2.54 =	<u>419</u> cm
Maximum Width	<u>65.8</u>	inches x 2.54 =	<u>167</u> cm
Curb Weight	<u>2,211</u>	pounds x .4536 =	<u>1,003</u> kg
Average Track	^{56.1} <u>55.6</u>	<u>55.9</u> inches x 2.54 =	<u>142</u> cm
Front Overhang	^{36.5} <u>36.5</u>	inches x 2.54 =	<u>85</u> cm
Rear Overhang	^{38.7} <u>31.9</u>	inches x 2.54 =	<u>81</u> cm
Undeformed End Width	— — —	inches x 2.54 =	— — — cm
Engine Size: cyl./displ.	— — —	cc x .001 =	— — — L
	<u>135</u>	CID x .0164 =	<u>2.2</u> L

L4

{ 32.6
39.5

Hydraulic brakes
front disc
rear drum

Manual
Steering

Branham's

VEHICLE DAMAGE SKETCH

TIRE—WHEEL DAMAGE a. Rotation physically restricted RF <u>9</u> LF <u>1</u> RR <u>2</u> LR <u>2</u> (1) Yes (2) No (8) NA (9) Unk.		b. Tire deflated RF <u>2</u> LF <u>1</u> RR <u>2</u> LR <u>2</u>		ORIGINAL SPECIFICATIONS Wheelbase <u>252</u> cm Overall Length <u>419</u> cm Maximum Width <u>167</u> cm Curb Weight <u>1003</u> kg Average Track <u>142</u> cm Front Overhang <u>85</u> cm Rear Overhang <u>81</u> cm Undeformed End Width _____ cm Engine Size: cyl./displ. <u>4</u> L		WHEEL STEER ANGLES (For locked front wheels or displaced rear axles only) RF ± _____ ° LF ± _____ ° RR ± _____ ° LR ± _____ ° Within ± 5 degrees	
TYPE OF TRANSMISSION <u>4-Speed</u> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Automatic				DRIVE WHEELS <input checked="" type="checkbox"/> FWD <input type="checkbox"/> RWD <input type="checkbox"/> 4WD		Approximate Cargo Weight _____ kg	

MEASUREMENTS IN CENTIMETERS

Front view: Width 153 cm, Height 12 cm. Original Bumper height N/A. Front TIRES off TAKEN off for salvage.

Rear view: Width 153 cm, Height 12 cm.

Left side view: Wheelbase 247 cm, Total length 253 cm. Bumper corner Stringline 79.5 cm. POST-CRASH.

Right side view: Wheelbase 253 cm, Total length 253 cm. Bumper corner Stringline 75 cm. POST-CRASH.

Annotations: Black scuff/Dent, Direct DAM to well & door, TEMPORARY SPARES put on REAR Axle, Stress Fx.

NOTES Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewalls, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page. Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

CODES FOR OBJECT CONTACTED

(57) Fence

(58) Wall

- (59) Build**

- (60) Ditch or culvert

- (61) Ground**

- (62) Fire hydrant**

- (63) Curb**

- (64) Bridge**

- (68) Other fixed object (specify):

- (69) Unknown fixed object

- ### Collision with Nonfixed Object

- (71) Motor vehicle not in-transport

- (72) Pedestrian**

- (73) **Cyclist or cycle**

- (74) Other nonmotorist or conveyance**

(75) Vehicle occupant

- (76) **Animal**

- (77) Train

- (77) Train
(78) Trailer, disconnected in transport

- (79) Object fell from vehicle in-transport

- (88) Other nonfixed object (specify):

- (89) Unknown nonfixed object

- (98) Other event (specify):**

- (specify): _____

- (99) Unknown event or object

[illegible]

COLLISION DEFORMATION CLASSIFICATION

HIGHEST DELTA "V"

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Longitudinal or Lateral Location	(5) Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
4. <u>01</u>	5. <u>01</u>	6. <u>10</u>	7. <u>L</u>	8. <u>Y</u>	9. <u>E</u>	10. <u>W</u>	11. <u>02</u>

Second Highest Delta "V"

12. <u>02</u>	13. <u>01</u>	14. <u>09</u>	15. <u>L</u>	16. <u>Z</u>	17. <u>E</u>	18. <u>W</u>	19. <u>01</u>
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CRUSH PROFILE IN CENTIMETERS

The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. (ALL MEASUREMENTS ARE IN CENTIMETERS.)

HIGHEST DELTA "V"

20. <u>L</u>	21. <u>C₁</u>	<u>C₂</u>	<u>C₃</u>	<u>C₄</u>	<u>C₅</u>	<u>C₆</u>	22. <u>±D</u>
<u>180</u>	<u>000</u>	<u>008</u>	<u>022</u>	<u>010</u>	<u>008</u>	<u>002</u>	<u>⁺143</u>

Second Highest Delta "V"

23. <u>L</u>	24. <u>C₁</u>	<u>C₂</u>	<u>C₃</u>	<u>C₄</u>	<u>C₅</u>	<u>C₆</u>	25. <u>±D</u>
<u>---</u>	<u>---</u>	<u>---</u>	<u>---</u>	<u>---</u>	<u>---</u>	<u>---</u>	<u>+</u> <u>---</u>

26. Are CDCs Documented but Not Coded on The Automated File? 0
(0) No
(1) Yes

27. Researcher's Assessment of Vehicle Disposition 1
(0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown

28. Original Wheelbase 252
Code to the nearest centimeter
(999) Unknown

99.1 inches X 2.54 = 252 centimeters

29. Is This A Multi-Stage Manufactured Vehicle
And/Or A Certified Altered Vehicle?

- (0) No post manufacturer modifications
(1) Yes - post manufacturer modifications
(specify): _____

(Include photograph of CERTIFICATION
PLACARD in case report)

- (9) Unknown if vehicle is modified

30. Fire Occurrence

- (0) No fire

Yes, fire occurred

- (1) Minor
(2) Major
(9) Unknown

31. Origin of Fire

- (0) No fire
(1) Vehicle exterior (front, side, back, top)
(2) Exhaust system
(3) Fuel tank (and other fuel retention
system parts)
(4) Engine compartment
(5) Cargo/trunk compartment
(6) Instrument panel
(7) Passenger compartment area
(8) Other location (specify): _____

- (9) Unknown

32. Type of Fuel Tank-1

33. Type of Fuel Tank-2

- (0) No fuel tank (electrical vehicle)
(1) Metallic
(2) Non-metallic
(9) Unknown

34. Fuel Tank-1 Location

35. Fuel Tank-2 Location

- (0) No fuel tank
(1) Aft of center of the rear wheels (rear axle)
centered
(2) Aft of center of the rear wheels (rear axle)
left side
(3) Aft of center of the rear wheels (rear axle)
right side
(4) Forward of center of the rear wheels (rear
axle) centered
(5) Forward of center of the rear wheels (rear
axle) left side
(6) Forward of center of the rear wheels (rear
axle) right side
(7) Over center of the rear wheels (rear axle)
(8) Other (specify): _____

- (9) Unknown

36. Fuel Tank-1 Filler Cap Location

37. Fuel Tank-2 Filler Cap Location

- (0) No fuel tank
(1) On back plane
(2) Aft of center of the rear wheels (rear axle) on
left side plane
(3) Aft of center of the rear wheels (rear axle) on
right side plane
(4) Forward of center of the rear wheels (rear
axle) on left side plane
(5) Forward of center of the rear wheels (rear
axle) on right side plane
(6) Over the center of the rear wheels (rear axle)
on left side plane
(7) Over the center of the rear wheels (rear axle)
on right side plane
(8) Other (specify): _____
(9) Unknown

38. Fuel Tank-1 Damage

39. Fuel Tank-2 Damage

- (0) No fuel tank
(1) No damage to fuel tank
(2) Deformed, no seam failure
(3) Deformed, with a seam failure
(4) Punctured
(5) Lacerated (ripped)
(6) Abraded (scraped)
(7) Filler neck separation from the fuel tank
(8) Other damage (specify): _____

- (9) Unknown

<p>40. Location of Fuel System-1 Leakage <u>1</u></p> <p>41. Location of Fuel System-2 Leakage <u>0</u></p> <p style="margin-left: 20px;">(0) No fuel tank (1) No fuel leakage</p> <p><i>Primary Area Of Leakage</i></p> <p style="margin-left: 20px;">(2) Tank (3) Filler neck (4) Cap (5) Lines/pump/filter (6) Vent/emission recovery (8) Other (specify): _____</p> <p style="margin-left: 20px;">(9) Unknown</p> <p>42. Fuel Type-1 <u>01</u></p> <p>43. Fuel Type-2 <u>00</u></p> <p><i>Single Fuel Type</i></p> <p style="margin-left: 20px;">(00) No fuel tank (01) Gasoline (02) Diesel (03) CNG (Compressed Natural Gas) (04) LPG (Liquid Petroleum Gas) also known as Propane (05) LNG (Liquid Natural Gas) (06) Methanol (M100 or M85) (07) Ethanol (E100 or E85) (08) Other (Hydrogen or others) (specify): _____</p> <p><i>Electric Powered or Electric/Solar Powered Vehicles</i></p> <p style="margin-left: 20px;">(10) Lead Acid Battery (11) Nickel-Iron Battery (12) Nickel-Cadmium Battery (13) Sodium Metal Chloride Battery (14) Sodium Sulfur Battery (18) Other (Specify): _____</p> <p style="margin-left: 20px;">(98) Other Hybrid (specify): _____</p> <p style="margin-left: 20px;">(99) Unknown fuel type</p>	<p>44. Is This Vehicle Equipped With More Than Two Fuel Tanks? <u>0</u></p> <p style="margin-left: 20px;">(0) No (one or two tanks only)</p> <p><i>Yes - More Than Two Tanks</i></p> <p style="margin-left: 20px;">(1) Yes -- <u>no damage</u> to any tank or filler cap and <u>no fuel system leakage</u> (2) Yes -- <u>no damage</u> to any tank or filler cap but <u>there is fuel system leakage</u> (specify leakage location): _____ (3) Yes -- <u>damage</u> to an additional tank or filler cap and <u>there is fuel system leakage</u> (specify the following): Type of tank _____ Tank location _____ Filler cap location _____ Tank damage _____ Location of leakage _____ Type of fuel _____</p> <p style="margin-left: 20px;">(9) Unknown if more than two tanks</p> <div style="text-align: center; border: 1px solid black; padding: 5px; margin-top: 10px;"> COMMENTS </div> <div style="border: 1px solid black; height: 150px; margin-top: 5px;"></div>
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*** STOP: IF THE CDS APPLICABLE VEHICLE WAS NOT TOWED AND WAS NOT AN AOPS ***
(I.E., GV09=0 OR 9 AND GV36=0), DO NOT COMPLETE THE INTERIOR VEHICLE FORM.



INTERIOR VEHICLE FORM

1. Primary Sampling Unit Number 10

2. Case Number - Stratum 9416

3. Vehicle Number 02

INTEGRITY

4. Passenger Compartment Integrity 00

(00) No integrity loss

Yes, Integrity Was Lost Through

(01) Windshield

(02) Door (side)

(03) Door/hatch (back door)

(04) Roof

(05) Roof glass

(06) Side window

(07) Rear window (backlight)

(08) Roof and roof glass

(09) Windshield and door (side)

(10) Windshield and roof

(11) Side and rear window (side window and backlight)

(12) Windshield and side window

(13) Door and side window

(98) Other combination of above (specify):

(99) Unknown

Door, Tailgate or Hatch Opening

5. LF 3 6. RF 1 7. LR 1 8. RR 1 9. TG/H 1

(0) No door/gate/hatch

(1) Door/gate/hatch remained closed and operational

(2) Door/gate/hatch came open during collision

(3) Door/gate/hatch jammed shut

(8) Other (specify):

(9) Unknown

Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision. If IV05-IV09 \neq 2, Then code 0

10. LF 0 11. RF 0 12. LR 0 13. RR 0 14. TG/H 0

(0) No door/gate/hatch or door not opened

Door, Tailgate or Hatch Came Open During Collision

(1) Door operational (no damage)

(2) Latch/striker failure due to damage

(3) Hinge failure due to damage

(4) Door structure failure due to damage

(5) Door support (i.e., pillar, sill, roof side rail, etc.) failure due to damage

(6) Latch/striker and hinge failure due to damage

(8) Other failure (specify):

(9) Unknown

GLAZING

Glazing Damage from Impact Forces

15. WS 2 16. LF 0 17. RF 0 18. LR 0 19. RR 0

20. BL 0 21. Roof 8 22. Other 0

(0) No glazing damage from impact forces

(2) Glazing in place and cracked from impact forces

(3) Glazing in place and holed from impact forces

(4) Glazing out-of-place (cracked or not) and not holed from impact forces

(5) Glazing out-of-place and holed from impact forces

(6) Glazing disintegrated from impact forces

(7) Glazing removed prior to accident

(8) No glazing

(9) Unknown if damaged

Glazing Damage from Occupant Contact

23. WS 0 24. LF 0 25. RF 0 26. LR 0 27. RR 0

28. BL 0 29. Roof 0 30. Other 0

(0) No occupant contact to glazing or no glazing

(1) Glazing contacted by occupant but no glazing damage

(2) Glazing in place and cracked by occupant contact

(3) Glazing in place and holed by occupant contact

(4) Glazing out-of-place (cracked or not) by occupant contact and not holed by occupant contact

(5) Glazing out-of-place by occupant contact and holed by occupant contact

(6) Glazing disintegrated by occupant contact

(9) Unknown if contacted by occupant

If No Glazing Damage *And* No Occupant Contact or No Glazing, Then Code IV31 Through IV46 As 0

Type of Window/Windshield Glazing

31. WS 1 32. LF 0 33. RF 0 34. LR 0 35. RR 0

36. BL 0 37. Roof 0 38. Other 0

(0) No glazing contact and no damage, or no glazing

(1) AS-1 - Laminated

(2) AS-2 - Tempered

(3) AS-3 - Tempered-tinted

(4) AS-14 - Glass/Plastic

(8) Other (specify):

(9) Unknown

Window Precrash Glazing Status

39. WS 1 40. LF 0 41. RF 0 42. LR 0 43. RR 0

44. BL 0 45. Roof 0 46. Other 0

(0) No glazing contact and no damage, or no glazing

(1) Fixed

(2) Closed

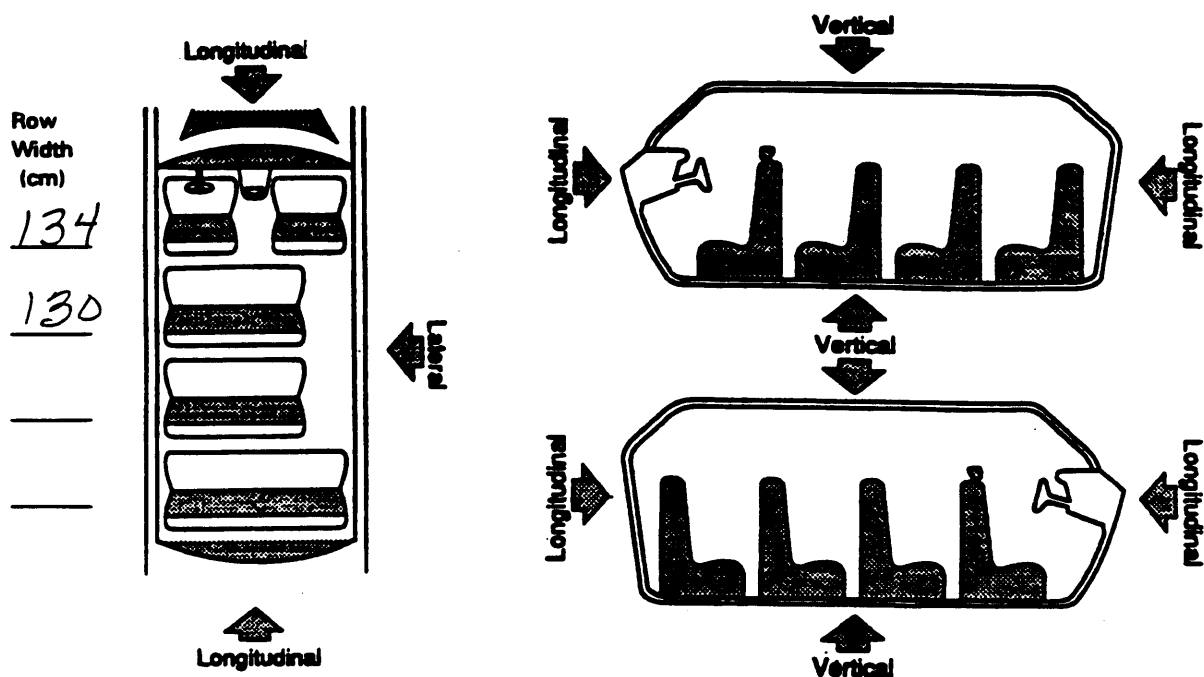
(3) Partially opened

(4) Fully opened

(9) Unknown

Note: Sketch intruded areas

Note: Sketch intruded areas

[illegible]

Document no more than the 15 most severe intrusions

OCCUPANT AREA INTRUSION

Note: If no intrusions, leave variables IV47-IV86 blank.

	Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
1st	47. <u>11</u>	48. <u>06</u>	49. <u>3</u>	50. <u>3</u>
2nd	51. <u>11</u>	52. <u>17</u>	53. <u>2</u>	54. <u>3</u>
3rd	55. <u>11</u>	56. <u>27</u>	57. <u>2</u>	58. <u>3</u>
4th	59. <u>11</u>	60. <u>10</u>	61. <u>2</u>	62. <u>3</u>
5th	63. <u>11</u>	64. <u>05</u>	65. <u>1</u>	66. <u>3</u>
6th	67. <u>11</u>	68. <u>02</u>	69. <u>1</u>	70. <u>2</u>
7th	71. <u> </u>	72. <u> </u>	73. <u> </u>	74. <u> </u>
8th	75. <u> </u>	76. <u> </u>	77. <u> </u>	78. <u> </u>
9th	79. <u> </u>	80. <u> </u>	81. <u> </u>	82. <u> </u>
10th	83. <u> </u>	84. <u> </u>	85. <u> </u>	86. <u> </u>

LOCATION OF INTRUSION

Front Seat

- (11) Left
(12) Middle
(13) Right

Second Seat

- (21) Left
(22) Middle
(23) Right

Third Seat

- (31) Left
(32) Middle
(33) Right

Fourth Seat

- (41) Left
(42) Middle
(43) Right

- (97) Catastrophic
(98) Other enclosed area (specify)

(99) Unknown

INTRUDING COMPONENT

Interior Components

- (01) Steering assembly
✓(02) Instrument panel left
(03) Instrument panel center
(04) Instrument panel right
(05) Toe pan
✓(06) A (A1/A2)-pillar
(07) B-pillar
(08) C-pillar
(09) D-pillar
✓(10) Door panel (side)
(12) Roof (or convertible top)
(13) Roof side rail
(14) Windshield
(15) Windshield header
(16) Window frame
✓(17) Floor pan (includes sill)
(18) Backlight header
(19) Front seat back
(20) Second seat back
(21) Third seat back
(22) Fourth seat back
(23) Fifth seat back
(24) Seat cushion
(25) Back door/panel (e.g., tailgate)
(26) Other interior component (specify):

- ✓(27) Side panel - forward of the A (A2)-pillar
(28) Side panel - rear of the A (A2)-pillar

Exterior Components

- (30) Hood
(31) Outside surface of this vehicle (specify):
(32) Other exterior object in the environment (specify):
(33) Unknown exterior object
(97) Catastrophic
(98) Intrusion of unlisted component(s) (specify):
(99) Unknown

MAGNITUDE OF INTRUSION

- (1) ≥ 3 centimeters but < 8 centimeters
(2) ≥ 8 centimeters but < 15 centimeters
(3) ≥ 15 centimeters but < 30 centimeters
(4) ≥ 30 centimeters but < 46 centimeters
(5) ≥ 46 centimeters but < 61 centimeters
(6) ≥ 61 centimeters
(7) Catastrophic
(9) Unknown

DOMINANT CRUSH DIRECTION

- (1) Vertical
(2) Longitudinal
(3) Lateral
(7) Catastrophic
(9) Unknown

STEERING RIM SPOKE DEFORMATION

(All Measurements Are in Centimeters)

COMPARISON VALUE	—	DAMAGE VALUE	=	DEFORMATION
------------------	---	--------------	---	-------------

	—		=	
--	---	--	---	--

	—		=	
--	---	--	---	--

	—		=	
--	---	--	---	--

	—		=	
--	---	--	---	--

STEERING COLUMN

87. Steering Column Type 1
- (1) Fixed column
(2) Tilt column
(3) Telescoping column
(4) Tilt and telescoping column
(8) Other column type (specify): _____
(9) Unknown

88. Blank X X
(This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.

89. Blank X X X
(This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.

90. Blank X X X
(This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.

91. Blank X X X
(This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.

92. Steering Rim/Spoke Deformation 0 0
Code actual measured deformation to the nearest centimeter
(00) No steering rim deformation
(01-14) Actual measured value in centimeters
(15) 15 centimeters or more
(98) Observed deformation cannot be measured
(99) Unknown

93. Location of Steering Rim/Spoke Deformation 0 0
(00) No steering rim deformation

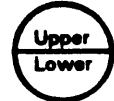
Quarter Sections

- (01) Section A
(02) Section B
(03) Section C
(04) Section D



Half Sections

- (05) Upper half of rim/spoke
(06) Lower half of rim/spoke
(07) Left half of rim/spoke
(08) Right half of rim/spoke



- (09) Complete steering wheel collapse
(10) Undetermined location
(99) Unknown

INSTRUMENT PANEL

94. Odometer Reading 150,000

_____ kilometers—Code to the nearest 1,000 kilometers

- (000) No odometer
(001) Less than 1,500 kilometers
(500) 499,500 kilometers or more
(999) Unknown

93358 miles X 1.6093 = 150,245 kilometers

Source: ODOMETER

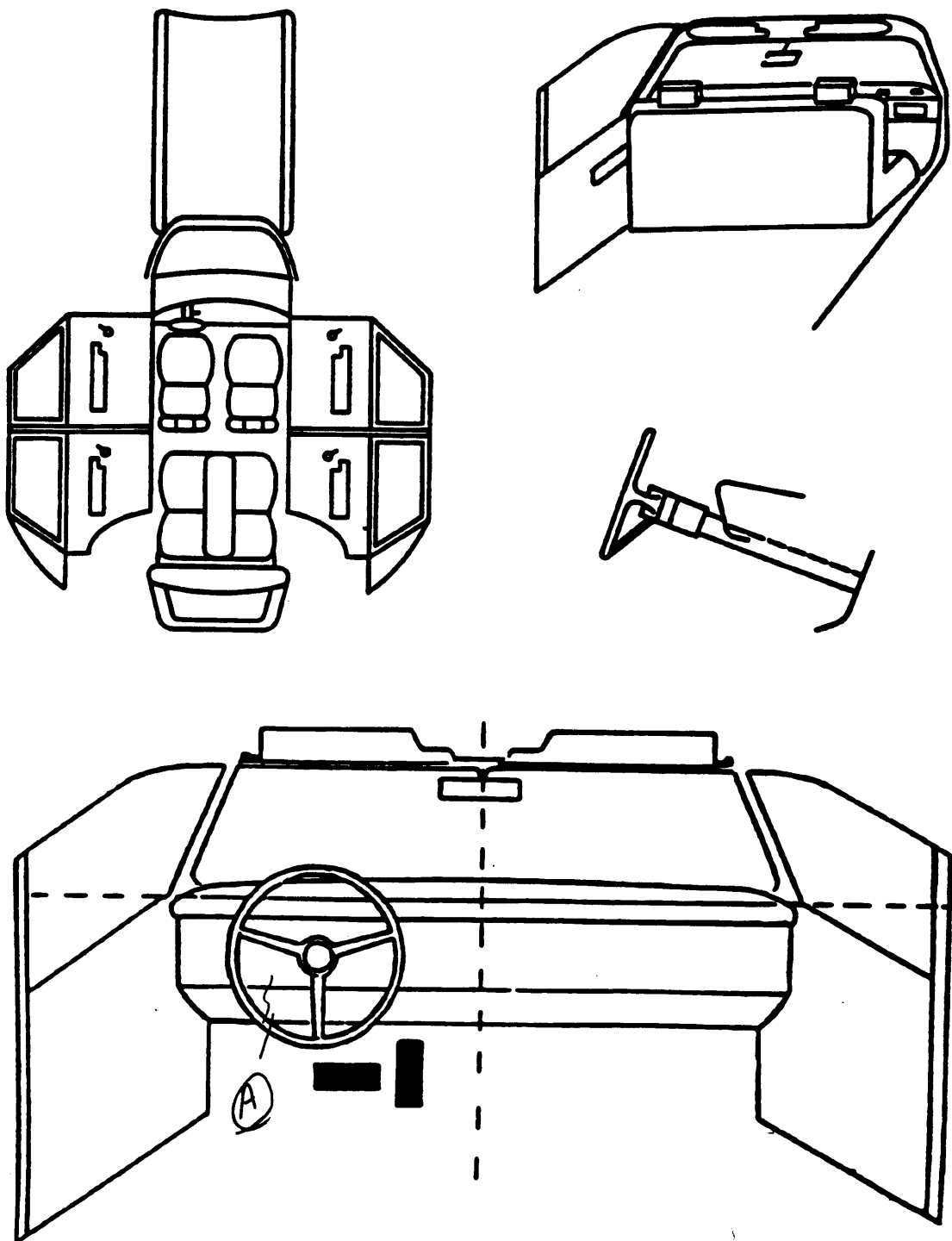
95. Instrument Panel Damage from Occupant Contact? 0
(0) No
(1) Yes
(9) Unknown

96. Knee Bolsters Deformed from Occupant Contact? 8
(0) No
(1) Yes
(8) Not present
(9) Unknown

97. Did Glove Compartment Door Open During Collision(s)? 0
(0) No
(1) Yes
(8) Not present
(9) Unknown

VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment



Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure).
Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.
Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

POINTS OF OCCUPANT CONTACT

Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A	DASH	1	LEG	CRACKED	2
B					
C					
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					

CODES FOR INTERIOR COMPONENTS

FRONT

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (16) Driver side air bag compartment cover
- (17) Passenger side air bag compartment cover
- (18) Windshield reinforced by exterior object (specify): _____
- (19) Other front object (specify): _____

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A (A1/A2)-pillar

- (23) Left B-pillar

- (24) Other left pillar (specify): _____

- (25) Left side window glass or frame

- (26) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.

- (27) Other left side object (specify): _____

- (28) Left side window sill

RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests

- (31) Right side hardware or armrest

- (32) Right A (A1/A2)-pillar

- (33) Right B-pillar

- (34) Other right pillar (specify): _____

- (35) Right side window glass or frame

- (36) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B pillar, or roof side rail.

- (37) Other right side object (specify): _____

- (38) Right side window sill

INTERIOR

- (40) Seat, back support

- (41) Belt restraint webbing/buckle

- (42) Belt restraint B-pillar attachment point

- (43) Other restraint system component (specify): _____

- (44) Head restraint system

- (45) Air bag (use codes "16" and "17" for injuries sustained from air bag compartment covers)

- (46) Other occupants (specify): _____

- (47) Interior loose objects

- (48) Child safety seat (specify): _____

- (49) Other interior object (specify): _____

ROOF

- (50) Front header

- (51) Rear header

- (52) Roof left side rail

- (53) Roof right side rail

- (54) Roof or convertible top

FLOOR

- (56) Floor (including toe pan)

- (57) Floor or console mounted transmission lever, including console

- (58) Parking brake handle

- (59) Foot controls including parking brake

REAR

- (60) Backlight (rear window)

- (61) Backlight storage rack, door, etc.

- (62) Other rear object (specify): _____

CONFIDENCE LEVEL OF CONTACT POINT

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

AUTOMATIC RESTRAINTS

NOTES: Encode the data for each applicable front seat position. The attribute for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

AIR BAGS

		Left	Right
F I R S T	Availability/Function	○	○
	Deployment		
	Failure		

Air Bag System Availability/Function

- (0) Not equipped/not available
(1) Air bag

Non-functional

- (2) Air bag disconnected (specify): _____

- (3) Air bag not reinstalled
(9) Unknown

Air Bag System Deployment

- (0) Not equipped/not available
(1) Air bag deployed during accident (as a result of impact)
(2) Air bag deployed inadvertently just prior to accident
(3) Air bag deployed, accident sequence undetermined
(4) Nondeployed
(5) Unknown if deployed
(6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
(9) Unknown

Are There Indications of Air Bag System Failure?

- (0) Not equipped/not available
(1) No
(2) Yes (specify): _____
(9) Unknown

AUTOMATIC BELTS

		Left	Right
F I R S T	Availability/Function	○	○
	Use		
	Type		
	Proper Use		
	Failure Modes		

Automatic (Passive) Belt System Availability/Function

- (0) Not equipped/not available
(1) 2 point automatic belts
(2) 3 point automatic belts
(3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
(9) Unknown

Automatic (Passive) Belt System Use

- (0) Not equipped/not available/destroyed or rendered inoperative
(1) Automatic belt in use
(2) Automatic belt not in use (manually disconnected, motorized track inoperative)
(3) Automatic belt use unknown
(9) Unknown

Automatic (Passive) Belt System Type

- (0) Not equipped/not available
(1) Non-motorized system
(2) Motorized system
(9) Unknown

Proper Use of Automatic (Passive) Belt System

- (0) Not equipped/not available/not used
(1) Automatic belt used properly
(2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
(4) Automatic shoulder belt worn behind back
(5) Automatic belt worn around more than one person
(6) Lap portion of automatic belt worn on abdomen
(7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____
(8) Other improper use of automatic belt system (specify): _____
(9) Unknown

Automatic (Passive) Belt Failure Modes During Accident

- (0) Not equipped/not available/not in use
(1) No automatic belt failure(s)
(2) Torn webbing (stretched webbing not included)
(3) Broken buckle or latchplate
(4) Upper anchorage separated
(5) Other anchorage separated (specify): _____
(6) Broken retractor
(7) Combination of above (specify): _____
(8) Other automatic belt failure (specify): _____
(9) Unknown

MANUAL RESTRAINTS

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

If a Child safety seat is present, encode the data on the back of this page.

If the vehicle has automatic restraints available, encode the appropriate data on the back of the previous page.

		Left	Center	Right
FIRST	Availability	4	0	4
	Evidence of usage	04		04
	Used in this crash?	04		04
	Proper Use	1		1
	Failure Modes			
SECOND	Availability	3		3
	Evidence of usage	00		00
	Used in this crash?			
	Proper Use			
	Failure Modes			
OTHER	Availability			
	Evidence of usage			
	Used in this crash?			
	Proper Use			
	Failure Modes			

Manual (Active) Belt System Availability

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available - type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): _____

(9) Unknown

Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperable (specify): _____

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used - type unknown
- (08) Other belt used (specify): _____

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat - type unknown
- (18) Other belt used with child safety seat (specify): _____
- (99) Unknown if belt used

Proper Use of Manual (Active) Belts

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of manual belt system (specify): _____

(9) Unknown

Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

- (6) Broken retractor
- (7) Combination of above (specify): _____

(8) Other manual belt failure (specify): _____

(9) Unknown

CHILD SAFETY SEAT FIELD ASSESSMENT

When a child safety seat is present enter the occupant's number in the first row and complete the column below the occupant's number using the codes listed below. Complete a column for each child safety seat present.

Occupant Number						
1. Type of Child Safety Seat						
2. Child Safety Seat Orientation						
3. Child Safety Seat Harness Usage						
4. Child Safety Seat Shield Usage						
5. Child Safety Seat Tether Usage						
6. Child Safety Seat Make/Model	Specify Below for Each Child Safety Seat					

1. Type of Child Safety Seat

- (0) No child safety seat
- (1) Infant seat
- (2) Toddler seat
- (3) Convertible seat
- (4) Booster seat
- (7) Other type child safety seat (specify):

- (8) Unknown child safety seat type
- (9) Unknown if child safety seat used

2. Child Safety Seat Orientation

- (00) No child safety seat
- Designed for Rear Facing for This Age/Weight
- (01) Rear facing
- (02) Forward facing
- (08) Other orientation (specify):

- (09) Unknown orientation

Designed for Forward Facing for This Age/Weight

- (11) Rear facing
- (12) Forward facing
- (18) Other orientation (specify):

- (19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

- (21) Rear facing
- (22) Forward facing
- (28) Other orientation (specify):

- (29) Unknown orientation

(99) Unknown if child safety seat used

3. Child Safety Seat Harness Usage

4. Child Safety Seat Shield Usage

5. Child Safety Seat Tether Usage

Note: Options Below Are Used for Variables 3-5.

(00) No child safety seat

Not Designed with Harness/Shield/Tether

- (01) After market harness/shield/tether added, not used
- (02) After market harness/shield/tether used
- (03) Child safety seat used, but no after market harness/shield/tether added
- (09) Unknown if harness/shield/tether added or used

Designed With Harness/Shield/Tether

- (11) Harness/shield/tether not used
- (12) Harness/shield/tether used
- (19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

- (21) Harness/shield/tether not used
- (22) Harness/shield/tether used
- (29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

6. Child Safety Seat Make/Model

(Specify make/model and occupant number)

HEAD RESTRAINTS/SEAT EVALUATION

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for these variables may be found at the bottom of the page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		Left	Center	Right
FIRST	Head Restraint Type/Damage	1		1
	Seat Type	02		02
	Seat Performance	8		1
	Seat Orientation	1		1
SECOND	Head Restraint Type/Damage	0	0	0
	Seat Type	05	05	05
	Seat Performance	1	1	1
	Seat Orientation	1	1	1
THIRD	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			
OTHER	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			

Head Restraint Type/Damage by Occupant at This Occupant Position

- (0) No head restraints
- (1) Integral — no damage
- (2) Integral — damaged during accident
- (3) Adjustable — no damage
- (4) Adjustable — damaged during accident
- (5) Add-on — no damage
- (6) Add-on — damaged during accident
- (8) Other Specify: _____
- (9) Unknown

Seat Type (this Occupant Position)

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify): _____
- (10) Box mounted seat (i.e., van type)
- (99) Unknown

Seat Performance (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed specify: _____
- (4) Seat tracks/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): _____
- (7) Combination of above (specify): _____

(8) Other (specify):

Bent to (L)

(9) Unknown

Seat Orientation (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify): _____
- (9) Unknown

DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE (I.E., UNUSUAL OCCUPANT CONTACT PATTERN)

EJECTION/ENTRAPMENT DATA

Complete the following if the researcher has any indication that an occupant was either ejected from or entrapped in the vehicle. Code the appropriate data on the Occupant Assessment Form.

EJECTION No ☒ Yes ☐

Describe indications of ejection and body parts involved in partial ejection(s):

Occupant Number						
Ejection						
(Note on Vehicle Interior Sketch) Ejection Area						
Ejection Medium						
Medium Status						

Ejection

- (1) Complete ejection
(2) Partial ejection
(3) Ejection, Unknown degree
(9) Unknown

Ejection Area

- (1) Windshield
(2) Left front
(3) Right front
(4) Left rear
(5) Right rear
(6) Rear

(7) Roof

- (8) Other area (e.g., back of pickup, etc.) (specify):

(9) Unknown

Ejection Medium

- (1) Door/hatch/tailgate
(2) Nonfixed roof structure
(3) Fixed glazing
(4) Nonfixed glazing (specify):

(5) Integral structure

- (8) Other medium (specify):

(9) Unknown

Medium Status (Immediately Prior to Impact)

- (1) Open
(2) Closed
(3) Integral structure
(9) Unknown

ENTRAPMENT No ☒ Yes ☐

Describe entrapment mechanism: _____

Component(s): _____

(Note in vehicle interior diagram)

Appendix F:

NASS CDS INTERVIEW FORM:

CASE VEHICLE DRIVER



INTERVIEW FORM (A)

1. Primary Sampling Unit Number 10
2. Case Number - Stratum 9416
3. Vehicle Number 01

Interviewee(s) Role or Name(s):
DRIVER / OWNER

Review all available information and interview questions prior to conducting interview(s) to ensure the acquisition of all pertinent data.

If the driver was not the person interviewed, was an appointment made for a follow-up interview?

DRIVER'S DESCRIPTION OF ACCIDENT EVENTS

I was S/B on no controls she was
East on At intersection she didn't
stop for stop sign. AND I hit her in
front Driver SIDE fender wheel area.
we slid East to corner after impact.
I was facing Southeast she was E

OCCUPANT'S DESCRIPTION OF ACCIDENT EVENTS

ACCIDENT DIAGRAM



NORTH

The use of this diagram is optional. It may serve to aid in relating interviewee accident trajectory data (i.e., pre-impact to FRP orientations) to identifiable objects in the environment.

VERY familiar
NO glasses.

newer car but familiar

Pickup & Judo class.



INTERVIEW FORM (B)

1. Primary Sampling Unit Number 10
2. Case Number - Stratum 9416
3. Vehicle Number 01

Interviewee(s) Role or Name(s):
DRIVER

ACCIDENT DATA QUESTIONS

1. Can you tell me in which direction you were traveling?

☐ North ☒ South ☐ East ☐ West

(Optional - Where were you coming from or going to?

2. In which lane were you traveling?

(Note: Lane 1 is designated as the right curb lane.)

☒ (1) ☐ (2) ☐ (3) ☐ (4) ☐ Other (specify):

3. Can you remember your estimated travel speed (in miles per hour) before the accident?

☐ Stopped ☐ 1-10 ☐ 10-20
☒ 20-30 ☐ 30-40 ☐ 40-50
☐ 50-60 ☐ 60-70 ☐ 70+

4. Just before the accident, can you tell me what you were intending to do or were doing?

☒ Going straight ☐ Stopped
☐ slowing ☐ Accelerating
☐ Turning left ☐ Turning right
☐ Changing lanes to left ☐ Changing lanes to right
☐ Backing
☐ Other (specify): _____

5. Did you experience any loss of control due to weather conditions or mechanical problems?

☒ No
☐ Yes (If yes, describe below)

6. Did you have to take any avoidance actions prior to the accident?

☒ No - Go to question 7
☐ Yes - Go to question 6a

NO
TIME

6a. What actions did you take?

☐ Braking with lock-up
☐ Braking without lock-up
☐ Releasing brakes
☐ Accelerating
☐ Steering left
☐ Steering right
☐ Other (specify):

7. Where was your vehicle at the time of the collision?

☐ Original travel lane ☐ Different travel lane
☒ In intersection ☐ Off roadway to right
☐ Off roadway to left
☐ Other (specify): _____

8. Was your travel speed at the time of the collision different from your previous travel speed?

☒ No
☐ Lower
☐ Higher
☐ Unknown

8a. Can you estimate your speed at the time of the collision?

☐ Stopped ☐ 1-10 ☐ 10-20
☒ 20-30 ☐ 30-40 ☐ 40-50
☐ 50-60 ☐ 60-70 ☐ 70+

9. Immediately following the collision, can you describe how your vehicle moved to its stopped position?

10. Can you tell me how many collisions your vehicle had during the accident and the source of the collisions?

only 1 impact

1. Primary Sampling Unit Number

10

3. Vehicle Number

01

2. Case Number - Stratum

9416

4. Occupant Number

01

VEHICLE/DRIVER DATA QUESTIONS

1. Can you tell me the year, make, model of your vehicle?

1995 Plymouth NEON
 Year Make Model

2. Can you describe the damage to your vehicle?

FRONT END

3. Was there any previous damage to your vehicle that is not related to this accident?

☒ No☐ Yes (If "yes", describe below)

4. Did any of the doors (hatch, tailgate) open during the accident?

☒ No☐ Yes (If "Yes", describe below)

5. Did any of the windows break during the accident?

☒ No☐ Yes (If "Yes", describe below)

6. Does your vehicle have a glove compartment?

☐ No☒ Yes

6a. Did the glove compartment door come open during the accident?

☒ No☐ Yes☐ Unknown

7. Does your vehicle have "seat belts"?

☐ No (If "No", go to question 7b)☒ Yes (If "Yes", go to question 7a)

7a. Can you describe the type of seat belt for each seat?

Driver's seat ☐ Lap ☐ Lap and shoulder
 Front seat middle ☐ Lap ☐ Lap and shoulder
 Front seat right ☐ Lap ☐ Lap and shoulder
 Rear seat left ☐ Lap ☐ Lap and shoulder
 Rear seat middle ☐ Lap ☐ Lap and shoulder
 Rear seat right ☐ Lap ☐ Lap and shoulder

(Identify seat belts for third row and beyond)

7b. Were any of the belts removed or not functional prior to the accident?

☐ No☐ Yes (If "Yes", specify which belt and describe problem)

8. Do any of the front belts move along a motorized track when the door is opened or closed?

☒ No (If "No", go to question 9)☐ Yes (If "Yes", what seat location?)☐ Left Front☐ Right Front

8a. Were the motorized belts working properly before the accident?

☐ No (If "No", describe condition below)☐ Yes

8b. Were the belts connected to the track prior to the accident?

☐ No☐ Yes☐ Unknown

9. Do any of the front "seat" belts attach to the door such that when the door is opened the belt travels with the door?

☒ No (go to question 10)☐ Yes

9a. Does this belt come across the _____?

☐ Chest only☐ Lap and chest

9b. Was this belt connected prior to the accident?

☐ No☐ Yes☐ Unknown

AIR BAGS

10. Is your vehicle equipped with a driver's side air bag?

☐ No (go to question 11)☒ Yes (go to question 10a)☐ Unknown (go to question 11)

10a. Did the air bag inflate during the accident?

☐ No (go to questions 10b and 10c)☒ Yes (go to question 10e)

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VEHICLE/DRIVER DATA QUESTIONS (CONTINUED)

10b. Was the air bag wiring disconnected prior to the accident?

☐ No☐ Yes (If "Yes", describe previous condition)☐ Unknown

10c. Was your vehicle involved in any accidents prior to this accident which inflated the air bag?

☐ No (go to question 11)☐ Yes (go to question 10d)☐ Unknown

10d. Was the air bag re-installed after the accident?

☐ No (go to question 11)☐ Yes☐ Unknown

10e. Did the air bag inflate as you expected?

☐ No (If "No" describe below)☒ Yes☐ Unknown

11. Is your vehicle equipped with a passenger side air bag?

☐ No (If "No", go to question 12)☒ Yes (If "Yes", go to question 11a)☐ Unknown (If "Unknown", go to question 12)

11a. Did the passenger air bag inflate during the accident?

☐ No (go to question 11b)☒ Yes (go to question 12)

11b. Was the passenger air bag wiring disconnected prior to the accident?

☐ No☐ Yes (If "Yes", describe below)☐ Unknown

11c. Was the passenger air bag inflated in a previous accident?

☐ No (go to question 12)☐ Yes (go to question 11d)☐ Unknown

11d. Was the passenger air bag re-installed after the accident?

☐ No (go to question 12)☐ Yes☐ Unknown

11e. Did the passenger air bag inflate as you expected?

☐ No (If "No" describe below)☐ Yes☐ Unknown

CHILD SAFETY SEAT

12. Was there a person in a child safety seat in your vehicle?

☒ No (If "No", go to question 13)☐ Yes☐ Unknown

12a. Can you tell me the manufacturer and model of the child safety seat?

12b. Can you describe the type of child safety seat?

☐ Infant☐ Toddler☐ Convertible☐ Booster☐ Other (specify):☐ Unknown

12c. Where was the child safety seat(s) located?

☐ [12] ☐ [13]☐ [21] ☐ [22] ☐ [23]☐ [31] ☐ [32] ☐ [33]☐ [Other] (specify):

12d. Can you tell me which direction the child safety seat was facing prior to the accident?

☐ Rear facing☐ Forward facing☐ Other (specify):☐ Unknown

12e. Was a seat belt used to hold the child seat in place?

☐ No (If "No", go to question 12g)☐ Yes (If "Yes", go to question 12f)☐ Unknown

12f. Can you describe how the seat belt was secured to the child seat?

☐ Looped through designated rear framing struts?☐ Looped through arm rest slots?☐ Belt across safety shield?☐ Looped through rear frame outside the designated framing struts?☐ Other (specify):☐ Unknown

12g. What was the child safety seat equipped with at the time of purchase? (check all that apply)

☐ Harness☐ Shield☐ Tether strap

If any box is checked, ask questions 12h - 12i.

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01

VEHICLE/DRIVER DATA QUESTIONS (CONTINUED)

12h. Were any of these items added after you owned the child safety seat?

☐ Yes

(specify _____)

☐ No☐ Unknown

12i. Were any of these items used during the accident?

☐ Yes (If "Yes", check all that apply)☐ Harness☐ Shield☐ Tether strap☐ No☐ Unknown

OPTIONAL

If you do not know where the vehicle is or if the owner's permission is needed for inspection.

15. Do you know where the vehicle is currently located?

16. May I take a look at your vehicle to assess the damage?

☐ No☐ Yes

CARGO WEIGHT AND MILEAGE

13. Was there any cargo in your vehicle?

☐ No (If "No", go to question 14)☐ Yes (If "Yes", go to question 13a)☐ Unknown

13a. Can you estimate the weight of the cargo?

25-30 lbs.

Cargo description

Gym bag
Tennis Rackets

14. Can you tell me the mileage on the vehicle?

4960 miles

DRIVER ONLY

17. What race do you consider yourself?

☒ White☐ Black☐ American Indian, Eskimo or Aleut, Asian or Pacific Islander☐ Other (specify: _____)☐ Unknown.

18. Are you of hispanic origin?

☒ No☐ Yes

1. Primary Sampling Unit Number 10 3. Vehicle Number 01
 2. Case Number - Stratum 9416 4. Occupant Number 01

VEHICLE ROLLOVER/FIRE QUESTIONS

ROLLOVER QUESTIONS

1. Did the vehicle rollover during the accident?

☒ No (If "No", go to question 2.)

☐ Yes

☐ Unknown (skip to question 2)

1a. Describe where the rollover began.

☐ On roadway

☐ On shoulder

☐ On roadside or median

☐ Unknown

1b. What caused the vehicle to rollover?

☐ Other vehicle (specify vehicle number): _____

☐ Contacted object (specify): _____

☐ Other cause (specify): _____

☐ Unknown

1c. Describe which direction the vehicle rolled.

☐ Toward the right

☐ Toward the left

☐ End-over-end

☐ Unknown

1d. Estimate the number of sides (including the top and bottom) which contacted the ground during the rollover?

☐ 1 side

☐ 2 sides

☐ 3 sides

☐ 4 sides

☐ Unknown

1e. Did the vehicle roll over more than one complete turn (more than 4 sides)?

☐ No (If "No", go to question 1g.)

☐ Yes

1f. Estimate the number of complete turns.

☐ No

☐ Yes (specify): _____

☐ Unknown

1g. When the vehicle stopped rolling over, which side of the vehicle was in contact with the ground?

☐ Left side

☐ Right side

☐ Top

☐ Wheels

☐ Unknown

FIRE QUESTIONS

2. Did the vehicle experience a fire?

☐ No (If "No", skip to Occupant Data Questions)

☒ Yes

☐ Unknown

2a. Describe where the fire started or where smoke was first seen.

☐ Under the hood

☒ Behind the instrument panel

☐ In the passenger compartment

☐ In the trunk/cargo area

☐ Under the vehicle

☐ From other involved vehicle

☐ Unknown

2b. Did the fire start with the electrical system?

☐ No

☐ Yes (specify): _____

☒ Unknown

2c. Did the fire start with the fuel system?

☒ No (If "No", skip to Occupant Data Questions)

☐ Yes (go to question 2d)

☐ Unknown

2d. Describe which part of the fuel system that may have been involved?

☐ No

☐ Yes (specify): _____

____ Fuel tank

____ Fuel lines

____ Engine compartment (specify component if known)

☐ Unknown

(Go To Occupant Data Questions)

COMMENTS ON ROLLOVERS AND FIRES

See above

1. Primary Sampling Unit Number 10 3. Vehicle Number 01
 2. Case Number - Stratum 9416 4. Occupant Number 01

OCCUPANT DATA QUESTIONS

1. Was there anyone else in your vehicle at the time of the accident?
☐ No (If "No", go to question 4)
☒ Yes (If "Yes", specify number in question 2 below and then go to question 3)
☐ Unknown

2. How many?
☒ (1) One other person
☐ (2) Two other persons
☐ (3) Three other persons
☐ (4) Four other persons
☐ (5) Five other persons
☐ (6) Six other persons
☐ (7) Seven or more other persons
 (specify number:)

3. Where was this person sitting? (Circle seating positions)

☐ (21) ☐ (12) ☒ (13)
☐ (31) ☐ (22) ☐ (23)
☐ (32) ☐ (33)
☐ Other (specify:)

OCCUPANT CHARACTERISTICS

4. Can I have your (his/her) height, weight, age, and sex?

Height 5'8" Weight 160 Age 33
173
 Sex: ☒ Male ☐ Female 73

OCCUPANT POSTURE

5. Can you tell me how you (he/she was) were sitting in your vehicle?

upright

- 5a. Can you describe the location of your (his/her) feet just prior to the collision?

- Ron GAS other
on to span

- 5b. Can you describe the location of your (his/her) arms?

Both on wheel

- 5c. Was your (his/her) back resting against the seat back rest?
☐ No (If "No", describe the position)

☒ Yes
☐ Unknown

- 5d. Were you (Was he/she)
☒ Sitting upright or
☐ Leaning to left side, or
☐ Leaning to right side?

OCCUPANT EJECTION

6. Were you (Was he/she) or any part of your (his/her) body thrown from the vehicle during the accident?

☒ No (If "No", go to question 7)
☐ Yes (If "Yes", go to question 6a)
☐ Unknown

- 6a. Can you remember out of what area of the vehicle you were (he/she was) thrown?

☐ No
☐ Yes (Describe:)

OCCUPANT RESTRAINT

7. Were you (Was he/she) wearing a seat belt just before the accident?

☐ No (If "No", go to question 8)
☐ Yes
☐ Unknown

- 7a. Were you (Was he/she) wearing the

☐ Lap belt?
☒ Lap and Shoulder belt?
☐ Shoulder belt?

- 7b. Can you describe how you were (he/she was) wearing the lap belt?

☐ Across the stomach
☒ Low on lap
☐ Other (specify:)
☐ Unknown

- 7c. Can you describe how you were (he/she was) wearing the shoulder belt?

☒ Over the shoulder
☐ Under the arm
☐ Behind the back
☐ Behind the seat
☐ Other (specify:)

- 7d. Did any part of the belt system break or tear?

☒ No
☐ Yes (If "Yes", describe)
☐ Unknown

OCCUPANT ENTRAPMENT

8. Were you (Was he/she) trapped in the vehicle?

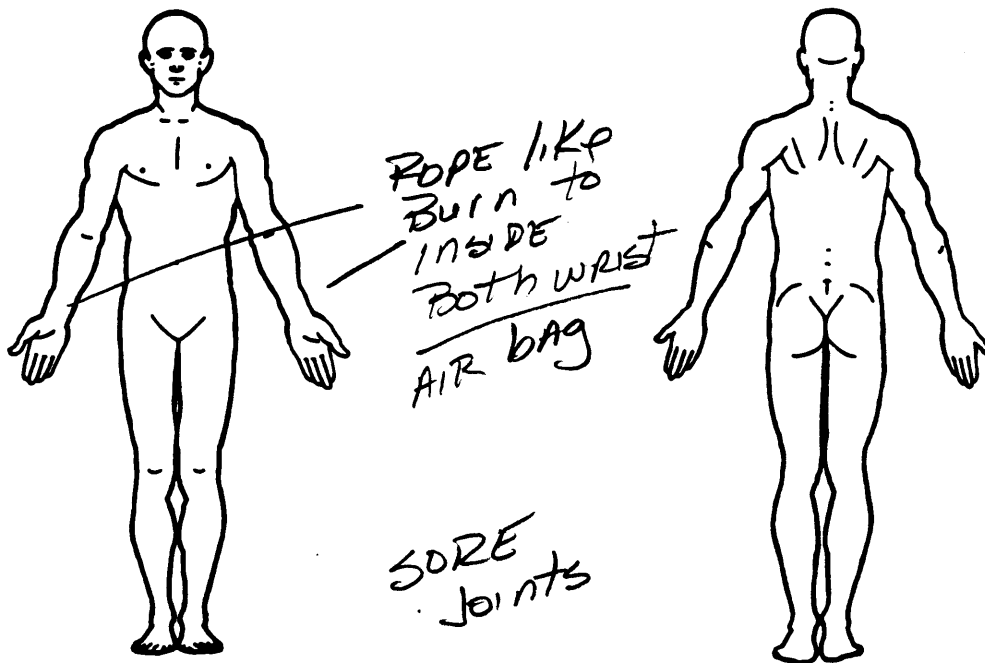
☒ No
☐ Yes (If "Yes", describe)
☐ Unknown

PSU Number 10 Case Number-Stratum 9416 Vehicle Number 01 Occupant Number 01

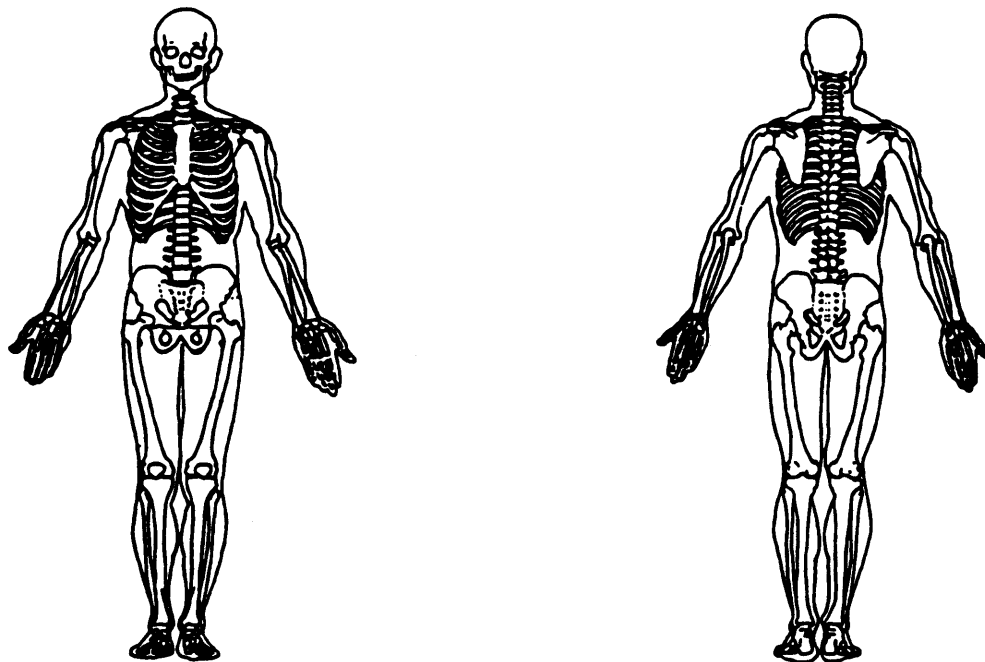
INJURY DATA FROM INTERVIEWEE(S)

Indicate the Location, Lesion, Detail, and Source of all injuries. Specify interviewee(s): DRIVER

SOFT TISSUE/INTERNAL INJURIES



SKELETAL INJURIES



The space provided on the back of this page may be used to document injuries noted by the interviewee(s).

1. Primary Sampling Unit Number

10

3. Vehicle Number

01

2. Case Number - Stratum

9416

4. Occupant Number

01

OCCUPANT INJURY DATA QUESTIONS

1. Were you (Was he/she) injured?

☐ No (If "No", skip to question 7)☒ Yes (If "Yes", complete Occupant Injury Questions)☐ Unknown

2. Did you (he/she) receive any cuts, abrasions, or bruises?

☐ No (go to question 3)☒ Yes (If "Yes", record the exact location(s) and size on the manikin(s).)☐ Unknown

2a. Do you know what caused your (his/her) injury(s)?

☐ No☒ Yes (If "Yes", specify the component(s) or object(s) on the manikin(s).)☐ Unknown

3. Did you (he/she) experience any broken bones?

☒ No (If "No", go to question 4)☐ Yes (If "Yes", record the exact location(s) and type of fracture(s) on the manikin(s), and then go to question 3a.)☐ Unknown

3a. Do you know what caused the injury(s)?

☐ No☐ Yes (If "Yes", specify the component(s) or object(s) on the manikin(s).)☐ Unknown

4. Did you (he/she) injure your (his/her) head? (skull/brain?)

☒ No (If "No", go to question 5)☐ Yes (If "Yes", describe the type of injury(s) on the manikin(s), then go to question 4a.)☐ Unknown

4a. Do you know what caused the injury(s)?

☐ No☐ Yes (If "Yes", specify the component(s) on the manikin(s).)☐ Unknown

5. Were any of your (his/her) internal organs injured?

☒ No (If "No", go to question 6)☐ Yes (If "Yes", thoroughly describe the type of injury(s) and specify the internal organ(s) injured on the manikin(s), and then go to question 5a.)☐ Unknown

5a. Do you know what caused this injury?

☐ No☐ Yes (If "Yes", specify the component(s) on the manikin(s).)☐ Unknown

6. Did you (he/she) suffer any joint sprains or muscle strains?

☐ No (If "No", go to question 7)☒ Yes (If "Yes", specify on the manikin(s), and then go to question 6a.)☐ Unknown

6a. Do you know what caused the injury(s)?

☐ No☐ Yes (If "Yes", specify the component(s) on the manikin(s).)☒ Unknown

7. Did you (he/she) receive any treatment?

☒ No (If "No", go to question 8)☐ Yes (If "Yes", go to question 7a or return to question 2.)

7a. Were you (Was he/she) treated by (check all that apply):

☐ Hospital/trauma center? (specify hospital name):☐ Medical clinic☐ Out patient surgery? (specify medical facility):☐ Paramedics or first aid at the scene?☐ A doctor in his/her office?☐ Treated at home?☒ None of the above, go to question 8.

7b. Were you (Was he/she) treated and released from the emergency room?

☐ No (If "No", go to question 7c.)☐ Yes (If "Yes", go to question 7e.)

7c. Were you (Was he/she) hospitalized?

☒ No (If "No", give an explanation)☐ Yes (If "Yes", go to question 7d.)7d. How many days were you (was he/she) in the hospital?
0 days

1. Primary Sampling Unit Number

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OCCUPANT INJURY DATA QUESTIONS (CONTINUED)

7e. Have you (Has he/she) received any follow-up treatment?

☒ No☐ Yes (If "Yes", describe:)

☐ Unknown

7f. In order to achieve the best possible scientific data regarding your (his/her) injury(s), we need to obtain a copy of your (his/her) medical reports. Would you (he/she) sign a medical release form?

☐ No☐ Yes (If "Yes", mail or present the form for signature.)

8. Have you (he/she) lost any days from work or school (college)?

☒ No☐ Yes (If "Yes", determine the number of days lost) (Specify:)☐ Not working prior to the accident☐ Unknown

Hospital Emergency Department
, WI [REDACTED]
Aftercare Instructions

for [REDACTED] 1994, [REDACTED] pm
 (# [REDACTED] Birthdate: [REDACTED] 1985)

NOTE: We examined and treated [REDACTED] today on an emergency basis only. This was not a substitute for, or an effort to provide, complete medical care. In most cases, you must let your doctor check [REDACTED] again. Report to your doctor any new or lasting problems. We cannot recognize and treat all injuries or illnesses in one Emergency Department visit. If [REDACTED] had X-rays, we will review them within a day. We will call you if there are new suggestions. After you leave the hospital, FOLLOW THE INSTRUCTIONS BELOW.

[REDACTED] was treated today by [REDACTED]
ABRASIONS (Scrapes).

Your child has scraped a thin layer off the surface of the skin. Until that heals, it will be more likely to get infected. You can help prevent infection and make the wound more comfortable by using an antibiotic ointment. Bacitracin is a good choice. You can get this without a prescription at the drug store. Clean the abrasion daily with mild soap & water. Then put on a thin layer of the ointment.

Watch carefully for signs of infection. They include increasing redness, pain or swelling, pus or red streaks coming from the wound, or fever. If you see any of these, CALL YOUR DOCTOR. Otherwise, expect it to heal well in 1 to 2 weeks.

BURNS (First Degree Burn).

A first degree burn has made the outer layer of [REDACTED] skin red and sore. The skin is painful at first. Within hours the pain will start to go away. The pain should be gone in a day or two, but a blister may form. The skin should heal well within a week. It is not likely to leave a scar.

Watch for these signs of infection:

- worsening pain, redness or swelling.
- pus or red streaks coming from the wound.
- fever.

If [REDACTED] has any new or severe symptoms, CALL YOUR CHILD'S DOCTOR RIGHT AWAY.

HEAD INJURY (Concussion).

A concussion is any injury that shakes up the brain. Your child has had a concussion. The doctor found no serious brain or nerve problems. Your child should have no lasting problems from this injury.

Rarely, children have trouble later, even though the doctor's exam was normal. Watch your child carefully during

the next 24 hours. Have your child rest quietly for about a day. Offer liquids and simple foods.

If your child has any of the following, CALL YOUR DOCTOR RIGHT AWAY.

- Repeated vomiting.
- Headache that gets worse or lasts more than a day.
- Unequal pupils (one large and one small).
- Trouble seeing, walking or using the arms.
- Dizziness, confusion, weird behavior or passing out.
- Trouble in waking your child.
- Convulsions.

Children react more strongly to head injuries. They can become pale, look sleepy, and vomit a few times. Watch closely if your child has any of these signs.

Wake your child to check for these problems every EIGHT hours.

ANTIBIOTIC OINTMENT.

Antibiotic ointments fight and prevent skin infections caused by bacteria. They are very safe medicines. Side effects are rare.

If your child has any new or severe symptoms while using the ointment, CALL YOUR DOCTOR RIGHT AWAY.

Leave the wound open to air. Use this medicine in the following dose: Gently wash the wound and put a thin layer of the ointment on it twice a day.

ACETAMINOPHEN DOSING (Tylenol, Panadol, Tempra, Etc.).

Use the table below to find your child's Tylenol dose. Find your child's age or weight on the left. Use the dose on the same line that matches the type of Tylenol that you will give.

Age	Weight	mg's	Drops	Elixer	Chewables	Adult
	#'s		ml's	tsp.	tabs	tabs
0-3m	6-11 lbs	40	0.4	1/4	*	*
4-11m	12-17lbs	80	0.8	1/2	*	*
12-23	18-23lbs	120	1.2	3/4	1&1/2	*
2-3yr	24-35lbs	160	1.6	1	2	*
4-5yr	36-47lbs	240	*	1&1/2	3	*
6-8yr	48-59lbs	320	*	2	4	1
9-10yr	60-71lbs	400	*	3	6	1

Hospital Emergency Department
, WI [REDACTED]
Aftercare Instructions

for [REDACTED] 1994, [REDACTED] pm
 (# [REDACTED] Birthdate: [REDACTED] 1985)

| 11 yr | 72-95 lbs | 480 | * | * | * | 1 1/2 |
 | 12 and older may take 2 regular adult tablets |
 | (640mg total) |

After finding the correct dose, give that every 4 hours as needed for fever or pain. Do not give more than the recommended dose without talking to your doctor. If your child has any new or severe symptoms, CALL YOUR DOCTOR RIGHT AWAY.

"I understand the instruction as written above, and as discussed."

X

[REDACTED]
 Parent or Guardian

[REDACTED] M.D. or R.N.

CLEAR LIQUID DIET.

For the next 1 - 2 days, your child's stomach and intestines need a rest. A clear liquid diet will help. This diet has foods that are liquid or become liquid at room temperature. You can see through clear liquids.

The following are examples of clear liquids:

- Strained juices (Apple, orange without pulp)
- Jello
- Broth or Consomm
- Gatorade
- Watered down caffeine-free soda pop if given without the fizz
- Commercially made clear liquids for children, such as Pedialyte

After a day or two add bland cooked foods to your child's diet. If your child gets worse instead of better, CALL YOUR DOCTOR.

SEATBELTS AND CARSEATS.

There is no doubt that seatbelts and carseats save lives. Here in the Emergency Room we see every day how unseatbelted people are hurt much more severely. We always buckle-up! Please do the same!

THESE ARE YOUR FOLLOW-UP INSTRUCTIONS!

 Call Dr. [REDACTED] in 3 days if [REDACTED] gets worse or doesn't improve. You can reach Dr. [REDACTED] at [REDACTED]. The address is [REDACTED] CLINIC [REDACTED] Drive, [REDACTED] WI [REDACTED].

YOU ARE THE MOST IMPORTANT FACTOR IN YOUR CHILD'S RECOVERY.

Follow the instructions carefully. Give medicines as prescribed. Seek further medical treatment or examination as discussed. If [REDACTED] has problems that we did not list, CALL YOUR DOCTOR right away. If you can't reach your doctor, come back to the Emergency Department. If you have questions, call us.

National Accident Sampling System-Crashworthiness Data System: Interview Form - Supplement

1. Primary Sampling Unit Number 10 3. Vehicle Number 01
2. Case Number - Stratum 9416 4. Occupant Number 02

OCCUPANT DATA QUESTIONS SUPPLEMENT

1. Who was the next occupant in your vehicle at the time of the accident?

MY SON

2. Occupant Number 2 of 2.

3. Where were you (was this person) sitting? (Circle seating positions)

[12] [13] [21] [22] [23] [31] [32] [33]
[] Other (specify):

5d. Were you (Was he/she)

- [] Sitting upright or
[] Leaning to left side, or
[] Leaning to right side?

OCCUPANT EJECTION

6. Were you (Was he/she) or any part of your (his/her) body thrown from the vehicle during the accident?

- ☒ No (If "No", go to question 7)
[] Yes (If "Yes", go to question 6a)
[] Unknown

6a. Can you remember out of what area of the vehicle you were (he/she was) thrown?

- [] No
[] Yes (Describe:)

OCCUPANT RESTRAINT

7. Were you (Was he/she) wearing a seat belt just before the accident?

- [] No (If "No", go to question 8)
☒ Yes
[] Unknown

7a. Were you (Was he/she) wearing the

- [] Lap belt?
☒ Lap and Shoulder belt?
[] Shoulder belt?

7b. Can you describe how you were (he/she was) wearing the lap belt?

- [] Across the stomach
☒ Low on lap
[] Other (specify:)
[] Unknown

7c. Can you describe how you were (he/she was) wearing the shoulder belt?

- ☒ Over the shoulder
[] Under the arm
[] Behind the back
[] Behind the seat
[] Other (specify:)

7d. Did any part of the belt system break or tear?

- [] No
[] Yes (If "Yes", describe)
[] Unknown

OCCUPANT ENTRAPMENT

8. Were you (Was he/she) trapped in the vehicle?

- ☒ No
[] Yes (If "Yes", describe)
[] Unknown

OCCUPANT CHARACTERISTICS

4. Can I have your (his/her) height, weight, age, and sex?

Height 4'3 Weight 58 Age 8
Sex: ☒ Male 130 [] Female 26

OCCUPANT POSTURE

5. Can you tell me how you (he/she) was sitting in the vehicle?

IN middle of seat

5a. Can you describe the location of your (his/her) feet just prior to the collision?

Hanging OVER SEAT

5b. Can you describe the location of your (his/her) arms?

Playing w/ Toys

5c. Was your (his/her) back resting against the seat back rest?

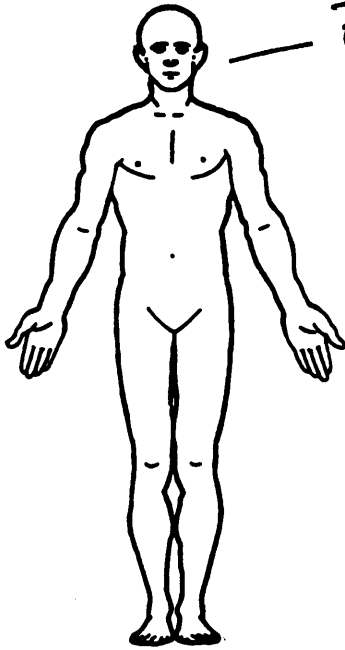
- ☒ No (If "No", describe the position)
leaning forward
[] Yes
[] Unknown

PSU Number 10 Case Number-Stratum 94 16 Vehicle Number 01 Occupant Number 02

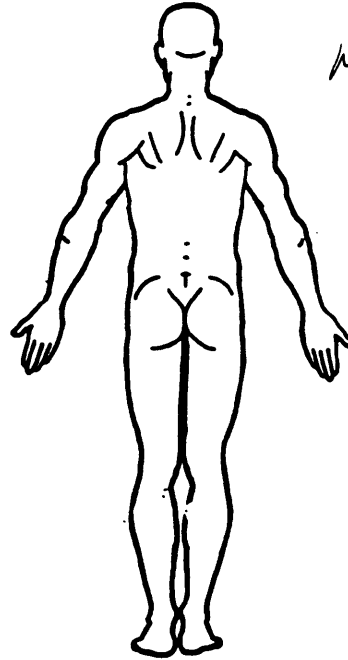
INJURY DATA FROM INTERVIEWEE(S)

Indicate the Location, Lesion, Detail, and Source of all injuries. Specify interviewee(s): DAD / Driver

SOFT TISSUE/INTERNAL INJURIES

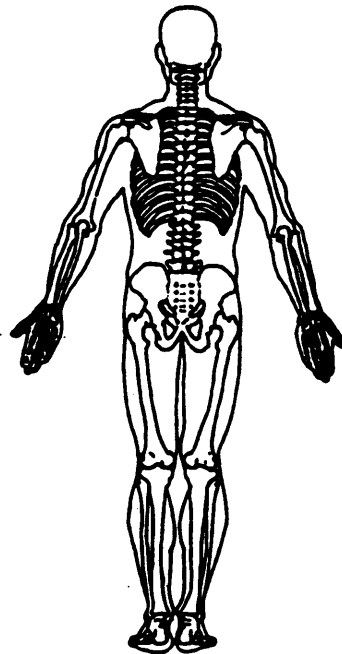
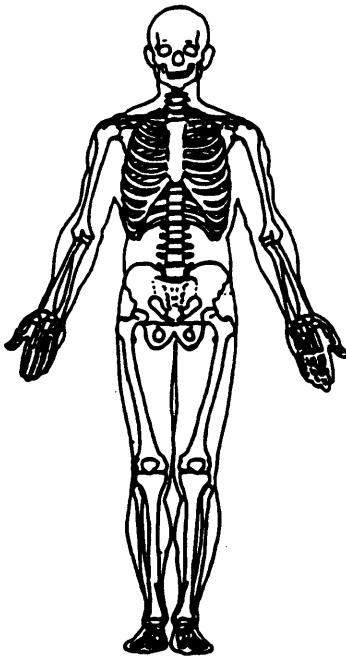


BURNS to
FACE
AIR BAG



Memory
loss

SKELETAL INJURIES



The space provided on the back of this page may be used to document injuries noted by the interviewee(s).

1. Primary Sampling Unit Number

10

3. Vehicle Number

01

2. Case Number - Stratum

9416

4. Occupant Number

02

OCCUPANT INJURY DATA QUESTIONS

1. Were you (Was he/she) injured?

☐ No (If "No", skip to question 7)☒ Yes (If "Yes", complete Occupant Injury Questions)☐ Unknown

2. Did you (he/she) receive any cuts, abrasions, or bruises?

☐ No (go to question 3)☒ Yes (If "Yes", record the exact location(s) and size on the manikin(s).)☐ Unknown

2a. Do you know what caused your (his/her) injury(s)?

☐ No☒ Yes (If "Yes", specify the component(s) or object(s) on the manikin(s).)☐ Unknown

3. Did you (he/she) experience any broken bones?

☒ No (If "No", go to question 4)☐ Yes (If "Yes", record the exact location(s) and type of fracture(s) on the manikin(s), and then go to question 3a.)☐ Unknown

3a. Do you know what caused the injury(s)?

☐ No☐ Yes (If "Yes", specify the component(s) or object(s) on the manikin(s).)☐ Unknown

4. Did you (he/she) injure your (his/her) head? (skull/ brain?)

☒ No (If "No", go to question 5)☐ Yes (If "Yes", describe the type of injury(s) on the manikin(s), then go to question 4a.)☐ Unknown

4a. Do you know what caused the injury(s)?

☐ No☐ Yes (If "Yes", specify the component(s) on the manikin(s).)☐ Unknown

5. Were any of your (his/her) internal organs injured?

☒ No (If "No", go to question 6)☐ Yes (If "Yes", thoroughly describe the type of injury(s) and specify the internal organ(s) injured on the manikin(s), and then go to question 5a.)☐ Unknown

5a. Do you know what caused this injury?

☐ No☐ Yes (If "Yes", specify the component(s) on the manikin(s).)☐ Unknown

6. Did you (he/she) suffer any joint sprains or muscle strains?

☒ No (If "No", go to question 7)☐ Yes (If "Yes", specify on the manikin(s), and then go to question 6a.)☐ Unknown

6a. Do you know what caused the injury(s)?

☐ No☐ Yes (If "Yes", specify the component(s) on the manikin(s).)☐ Unknown

7. Did you (he/she) receive any treatment?

☐ No (If "No", go to question 8)☒ Yes (If "Yes", go to question 7a or return to question 2.)

7a. Were you (Was he/she) treated by (check all that apply):

☒ Hospital/trauma center? (specify hospital name):☐ Medical clinic☐ Out patient surgery? (specify medical facility):☐ Paramedics or first aid at the scene?☐ A doctor in his/her office?☐ Treated at home?☐ None of the above, go to question 8.

7b. Were you (Was he/she) treated and released from the emergency room?

☐ No (If "No", go to question 7c.)☒ Yes (If "Yes", go to question 7e.)

7c. Were you (Was he/she) hospitalized?

☐ No (If "No", give an explanation)☐ Yes (If "Yes", go to question 7d.)

7d. How many days were you (was he/she) in the hospital?

0 days

1. Primary Sampling Unit Number

10

3. Vehicle Number

01

2. Case Number - Stratum

9416

4. Occupant Number

02

OCCUPANT INJURY DATA QUESTIONS (CONTINUED)

7e. Have you (Has he/she) received any follow-up treatment?

☐ No☒ Yes (If "Yes", describe:)DR☐ Unknownclinic

7f. In order to achieve the best possible scientific data regarding your (his/her) injury(s), we need to obtain a copy of your (his/her) medical reports. Would you (he/she) sign a medical release form?

☐ No☒ Yes (If "Yes", mail or present the form for signature.)

8. Have you (he/she) lost any days from work or school (college)?

☒ No☐ Yes (If "Yes", determine the number of days lost) (Specify:)☐ Not working prior to the accident☐ UnknownWISC


Appendix G:

NASS CDS INTERVIEW FORM:

VEHICLE #2 DRIVER



INTERVIEW FORM (A)

1. Primary Sampling Unit Number 10
2. Case Number - Stratum 9416
3. Vehicle Number 02

Interviewee(s) Role or Name(s): _____

DRIVER

Review all available information and interview questions prior to conducting interview(s) to ensure the acquisition of all pertinent data.

If the driver was not the person interviewed, was an appointment made for a follow-up interview?

DRIVER'S DESCRIPTION OF ACCIDENT EVENTS

I was E/B on He was South
I stopped at stop sign. And continued.
He hit me Left front fender. There's
a slight slope from his direction. I
think he he was going over limit He
left 8' skids.

MAILING ADDRESS IN

WISC

DR

OCCUPANT'S DESCRIPTION OF ACCIDENT EVENTS

OMNI TAKEN TO Auto Salvage
ASK FOR → , WISC

ACCIDENT DIAGRAM



NORTH

The use of this diagram is optional. It may serve to aid in relating interviewee accident trajectory data (i.e., pre-impact to FRP orientations) to identifiable objects in the environment.



INTERVIEW FORM (B)

1. Primary Sampling Unit Number 10
2. Case Number - Stratum 94 16
3. Vehicle Number 02

Interviewee(s) Role or Name(s):
DRIVER

ACCIDENT DATA QUESTIONS

1. Can you tell me in which direction you were traveling?

☐ North ☒ South ☐ East ☐ West

(Optional - Where were you coming from or going to?)

2. In which lane were you traveling?

(Note: Lane 1 is designated as the right curb lane.)

☒ (1) ☐ (2) ☐ (3) ☐ (4) ☐ Other (specify):

3. Can you remember your estimated travel speed (in miles per hour) before the accident?

☐ Stopped ☐ 1-10 ☐ 10-20
☐ 20-30 ☐ 30-40 ☐ 40-50
☐ 50-60 ☐ 60-70 ☐ 70+

4. Just before the accident, can you tell me what you were intending to do or were doing?

☒ Going straight ☐ Stopped
☐ slowing ☐ Accelerating
☐ Turning left ☐ Turning right
☐ Changing lanes to left ☐ Changing lanes to right
☐ Backing
☐ Other (specify): _____

5. Did you experience any loss of control due to weather conditions or mechanical problems?

☒ No
☐ Yes (If yes, describe below)

6. Did you have to take any avoidance actions prior to the accident?

☒ No - Go to question 7
☐ Yes - Go to question 6a

6a. What actions did you take?

☐ Braking with lock-up
☐ Braking without lock-up
☐ Releasing brakes
☐ Accelerating
☐ Steering left
☐ Steering right
☐ Other (specify):

7. Where was your vehicle at the time of the collision?

☐ Original travel lane ☐ Different travel lane
☒ In intersection ☐ Off roadway to right
☐ Off roadway to left
☐ Other (specify): _____

8. Was your travel speed at the time of the collision different from your previous travel speed?

☒ No
☐ Lower
☐ Higher
☐ Unknown

8a. Can you estimate your speed at the time of the collision?

☐ Stopped ☐ 1-10 ☐ 10-20
☐ 20-30 ☐ 30-40 ☐ 40-50
☐ 50-60 ☐ 60-70 ☐ 70+

9. Immediately following the collision, can you describe how your vehicle moved to its stopped position?

EAST South EAST.

10. Can you tell me how many collisions your vehicle had during the accident and the source of the collisions?

might have had side
slap.
rear fender

1. Primary Sampling Unit Number

10

3. Vehicle Number

02

2. Case Number - Stratum

9416

4. Occupant Number

01

VEHICLE/DRIVER DATA QUESTIONS

1. Can you tell me the year, make, model of your vehicle?

1986 Dodge OMNI
 Year Make Model

2. Can you describe the damage to your vehicle?

② SIDE

3. Was there any previous damage to your vehicle that is not related to this accident?

☒ No☐ Yes (If "yes", describe below)

4. Did any of the doors (hatch, tailgate) open during the accident?

☒ No☐ Yes (If "Yes", describe below)

5. Did any of the windows break during the accident?

☐ No☒ Yes (If "Yes", describe below)windshield cracked.

6. Does your vehicle have a glove compartment?

☐ No☒ Yes

6a. Did the glove compartment door come open during the accident?

☐ No☒ Yes☐ Unknown

7. Does your vehicle have "seat belts"?

☐ No (If "No", go to question 7b)☒ Yes (If "Yes", go to question 7a)

7a. Can you describe the type of seat belt for each seat?

Driver's seat ☐ Lap ☐ Lap and shoulder
 Front seat middle ☐ Lap ☐ Lap and shoulder
 Front seat right ☐ Lap ☐ Lap and shoulder
 Rear seat left ☐ Lap ☐ Lap and shoulder
 Rear seat middle ☐ Lap ☐ Lap and shoulder
 Rear seat right ☐ Lap ☐ Lap and shoulder

(Identify seat belts for third row and beyond)

7b. Were any of the belts removed or not functional prior to the accident?

☐ No☐ Yes (If "Yes", specify which belt and describe problem)

8. Do any of the front belts move along a motorized track when the door is opened or closed?

☒ No (If "No", go to question 9)☐ Yes (If "Yes", what seat location?)☐ Left Front☐ Right Front

8a. Were the motorized belts working properly before the accident?

☐ No (If "No", describe condition below)☐ Yes

8b. Were the belts connected to the track prior to the accident?

☐ No☐ Yes☐ Unknown

9. Do any of the front "seat" belts attach to the door such that when the door is opened the belt travels with the door?

☒ No (go to question 10)☐ Yes

9a. Does this belt come across the _____?

☐ Chest only☐ Lap and chest

9b. Was this belt connected prior to the accident?

☐ No☐ Yes☐ Unknown

AIR BAGS

10. Is your vehicle equipped with a driver's side air bag?

☒ No (go to question 11)☐ Yes (go to question 10a)☐ Unknown (go to question 11)

10a. Did the air bag inflate during the accident?

☐ No (go to questions 10b and 10c)☐ Yes (go to question 10e)

1. Primary Sampling Unit Number

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3. Vehicle Number

02

2. Case Number - Stratum

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4. Occupant Number

01

VEHICLE/DRIVER DATA QUESTIONS (CONTINUED)

10b. Was the air bag wiring disconnected prior to the accident?

☐ No☐ Yes (If "Yes", describe previous condition)☐ Unknown

10c. Was your vehicle involved in any accidents prior to this accident which inflated the air bag?

☐ No (go to question 11)☐ Yes (go to question 10d)☐ Unknown

10d. Was the air bag re-installed after the accident?

☐ No (go to question 11)☐ Yes☐ Unknown

10e. Did the air bag inflate as you expected?

☐ No (If "No" describe below)☐ Yes☐ Unknown

11. Is your vehicle equipped with a passenger side air bag?

☒ No (If "No", go to question 12)☐ Yes (If "Yes", go to question 11a)☐ Unknown (If "Unknown", go to question 12)

11a. Did the passenger air bag inflate during the accident?

☐ No (go to question 11b)☐ Yes (go to question 12)

11b. Was the passenger air bag wiring disconnected prior to the accident?

☐ No☐ Yes (If "Yes", describe below)☐ Unknown

11c. Was the passenger air bag inflated in a previous accident?

☐ No (go to question 12)☐ Yes (go to question 11d)☐ Unknown

11d. Was the passenger air bag re-installed after the accident?

☐ No (go to question 12)☐ Yes☐ Unknown

11e. Did the passenger air bag inflate as you expected?

☐ No (If "No" describe below)☐ Yes☐ Unknown

CHILD SAFETY SEAT

12. Was there a person in a child safety seat in your vehicle?

☒ No (If "No", go to question 13)☐ Yes☐ Unknown

12a. Can you tell me the manufacturer and model of the child safety seat?

12b. Can you describe the type of child safety seat?

☐ Infant☐ Toddler☐ Convertible☐ Booster☐ Other (specify): _____☐ Unknown

12c. Where was the child safety seat(s) located?

☐ [12] ☐ [13]☐ [21] ☐ [22] ☐ [23]☐ [31] ☐ [32] ☐ [33]☐ Other (specify): _____

12d. Can you tell me which direction the child safety seat was facing prior to the accident?

☐ Rear facing☐ Forward facing☐ Other (specify): _____☐ Unknown

12e. Was a seat belt used to hold the child seat in place?

☐ No (If "No", go to question 12g)☐ Yes (If "Yes", go to question 12f)☐ Unknown

12f. Can you describe how the seat belt was secured to the child seat?

☐ Looped through designated rear framing struts?☐ Looped through arm rest slots?☐ Belt across safety shield?☐ Looped through rear frame outside the designated framing struts?☐ Other (specify): _____☐ Unknown

12g. What was the child safety seat equipped with at the time of purchase? (check all that apply)

☐ Harness☐ Shield☐ Tether strap

If any box is checked, ask questions 12h - 12i.

1. Primary Sampling Unit Number

10

3. Vehicle Number

02

2. Case Number - Stratum

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4. Occupant Number

01

VEHICLE/DRIVER DATA QUESTIONS (CONTINUED)

12h. Were any of these items added after you owned the child safety seat?

☐ Yes

(specify _____)

☐ No☐ Unknown

12i. Were any of these items used during the accident?

☐ Yes (If "Yes", check all that apply)☐ Harness☐ Shield☐ Tether strap☐ No☐ Unknown

OPTIONAL

If you do not know where the vehicle is or if the owner's permission is needed for inspection.

15. Do you know where the vehicle is currently located?

16. May I take a look at your vehicle to assess the damage?

☐ No☐ Yes

CARGO WEIGHT AND MILEAGE

13. Was there any cargo in your vehicle?

☒ No (If "No", go to question 14)☐ Yes (If "Yes", go to question 13a)☐ Unknown

13a. Can you estimate the weight of the cargo?

_____ lbs.

Cargo description

14. Can you tell me the mileage on the vehicle?

unk miles

DRIVER ONLY

17. What race do you consider yourself?

☒ White☐ Black☐ American Indian, Eskimo or Aleut, Asian or Pacific Islander☐ Other (specify: _____)☐ Unknown.

18. Are you of hispanic origin?

☒ No☐ Yes

1. Primary Sampling Unit Number 10 3. Vehicle Number 02
 2. Case Number - Stratum 9416 4. Occupant Number 01

VEHICLE ROLLOVER/FIRE QUESTIONS

ROLLOVER QUESTIONS

1. Did the vehicle rollover during the accident?

☒ No (If "No", go to question 2.)

☐ Yes

☐ Unknown (skip to question 2)

1a. Describe where the rollover began.

☐ On roadway

☐ On shoulder

☐ On roadside or median

☐ Unknown

1b. What caused the vehicle to rollover?

☐ Other vehicle (specify vehicle number): _____

☐ Contacted object (specify): _____

☐ Other cause (specify): _____

☐ Unknown

1c. Describe which direction the vehicle rolled.

☐ Toward the right

☐ Toward the left

☐ End-over-end

☐ Unknown

1d. Estimate the number of sides (including the top and bottom) which contacted the ground during the rollover?

☐ 1 side

☐ 2 sides

☐ 3 sides

☐ 4 sides

☐ Unknown

1e. Did the vehicle roll over more than one complete turn (more than 4 sides)?

☐ No (If "No", go to question 1g.)

☐ Yes

1f. Estimate the number of complete turns.

☐ No

☐ Yes (specify): _____

☐ Unknown

1g. When the vehicle stopped rolling over, which side of the vehicle was in contact with the ground?

☐ Left side

☐ Right side

☐ Top

☐ Wheels

☐ Unknown

FIRE QUESTIONS

2. Did the vehicle experience a fire?

☒ No (If "No", skip to Occupant Data Questions)

☐ Yes

☐ Unknown

2a. Describe where the fire started or where smoke was first seen.

☐ Under the hood

☐ Behind the instrument panel

☐ In the passenger compartment

☐ In the trunk/cargo area

☐ Under the vehicle

☐ From other involved vehicle

☐ Unknown

2b. Did the fire start with the electrical system?

☐ No

☐ Yes (specify): _____

☐ Unknown

2c. Did the fire start with the fuel system?

☐ No (If "No", skip to Occupant Data Questions)

☐ Yes (go to question 2d)

☐ Unknown

2d. Describe which part of the fuel system that may have been involved?

☐ No

☐ Yes (specify): _____

____ Fuel tank

____ Fuel lines

____ Engine compartment (specify component if known)

☐ Unknown

(Go To Occupant Data Questions)

COMMENTS ON ROLLOVERS AND FIRES

1. Primary Sampling Unit Number

10

3. Vehicle Number

02

2. Case Number - Stratum.

9416

4. Occupant Number

01

OCCUPANT DATA QUESTIONS

1. Was there anyone else in your vehicle at the time of the accident?

☐ No (If "No", go to question 4)☒ Yes (If "Yes", specify number in question 2 below and then go to question 3)☐ Unknown

2. How many?

☒ (1) One other person☐ (2) Two other persons☐ (3) Three other persons☐ (4) Four other persons☐ (5) Five other persons☐ (6) Six other persons☐ (7) Seven or more other persons

(specify number:)

3. Where was this person sitting? (Circle seating positions)

☐ (12) ☐ (13)☐ (21) ☐ (22) ☐ (23)☐ (31) ☐ (32) ☐ (33)☐ Other (specify:)

OCCUPANT CHARACTERISTICS

4. Can I have your (his/her) height, weight, age, and sex?

Height 5' Weight 110 Age 18
152 50
Sex: ☐ Male ☒ Female

OCCUPANT POSTURE

5. Can you tell me how you (he/she was) were sitting in your vehicle?

upright.

5a. Can you describe the location of your (his/her) feet just prior to the collision?

one on GAS other
on TOEPAN.

5b. Can you describe the location of your (his/her) arms?

Both hands on
steering wheel

5c. Was your (his/her) back resting against the seat back rest?

☐ No (If "No", describe the position)☒ Yes☐ Unknown

5d. Were you (Was he/she)

☐ Sitting upright or☐ Leaning to left side, or☐ Leaning to right side?

OCCUPANT EJECTION

6. Were you (Was he/she) or any part of your (his/her) body thrown from the vehicle during the accident?

☒ No (If "No", go to question 7)☐ Yes (If "Yes", go to question 6a)☐ Unknown

6a. Can you remember out of what area of the vehicle you were (he/she was) thrown?

☐ No☐ Yes (Describe:)

OCCUPANT RESTRAINT

7. Were you (Was he/she) wearing a seat belt just before the accident?

☐ No (If "No", go to question 8)☒ Yes☐ Unknown

7a. Were you (Was he/she) wearing the

☐ Lap belt?☐ Lap and Shoulder belt?☐ Shoulder belt?

7b. Can you describe how you were (he/she was) wearing the lap belt?

☐ Across the stomach☐ Low on lap☐ Other (specify:)☒ Unknown

7c. Can you describe how you were (he/she was) wearing the shoulder belt?

☒ Over the shoulder☐ Under the arm☐ Behind the back☐ Behind the seat☐ Other (specify:)

7d. Did any part of the belt system break or tear?

☐ No☐ Yes (If "Yes", describe)☐ Unknown

OCCUPANT ENTRAPMENT

8. Were you (Was he/she) trapped in the vehicle?

☒ No☐ Yes (If "Yes", describe)☐ Unknown

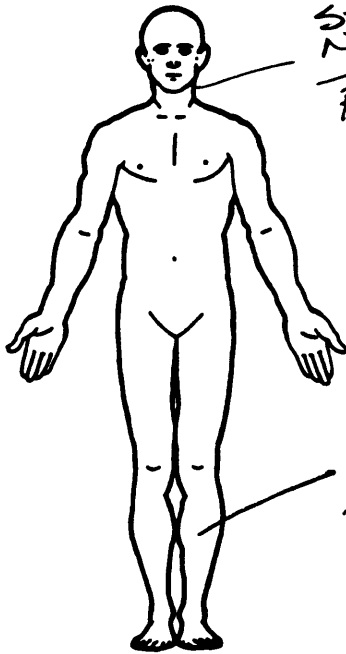
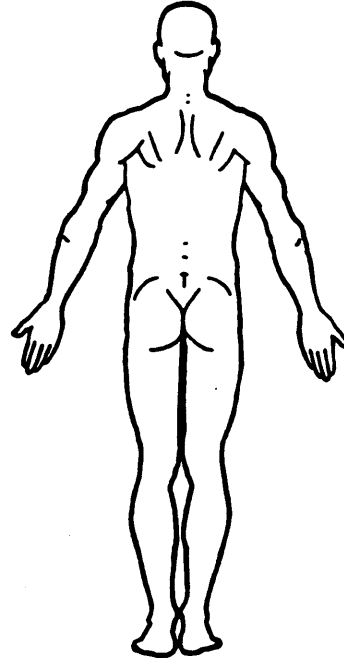
PSU Number 10Case Number-Stratum 9416Vehicle Number 02Occupant Number 01

INJURY DATA FROM INTERVIEWEE(S)

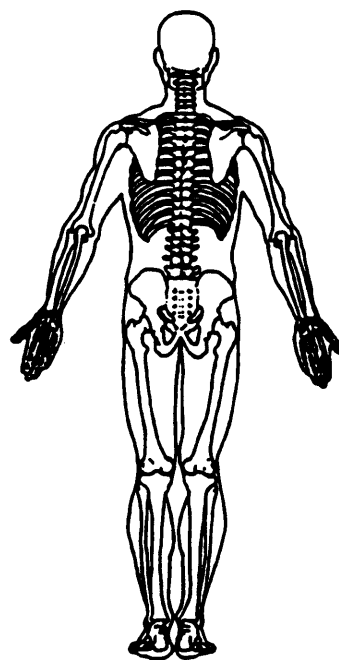
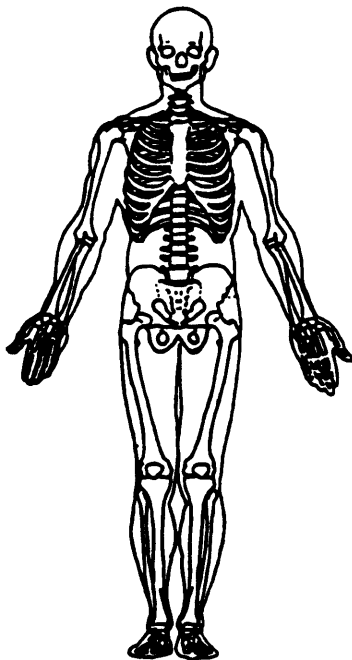
Indicate the Location, Lesion, Detail, and Source of all injuries. Specify interviewee(s):

DRIVER

SOFT TISSUE/INTERNAL INJURIES

STIFF
NECK
FORCE1" LAC (L)
SHIN
DASHBOARD

SKELETAL INJURIES



The space provided on the back of this page may be used to document injuries noted by the interviewee(s).

1. Primary Sampling Unit Number 10 3. Vehicle Number 02
 2. Case Number - Stratum 9416 4. Occupant Number 01

OCCUPANT INJURY DATA QUESTIONS

1. Were you (Was he/she) injured?
☐ No (If "No", skip to question 7)
☒ Yes (If "Yes", complete Occupant Injury Questions)
☐ Unknown
2. Did you (he/she) receive any cuts, abrasions, or bruises?
☐ No (go to question 3)
☒ Yes (If "Yes", record the exact location(s) and size on the manikin(s).)
☐ Unknown
- 2a. Do you know what caused your (his/her) injury(s)?
☐ No
☒ Yes (If "Yes", specify the component(s) or object(s) on the manikin(s).)
☐ Unknown
3. Did you (he/she) experience any broken bones?
☒ No (If "No", go to question 4)
☐ Yes (If "Yes", record the exact location(s) and type of fracture(s) on the manikin(s), and then go to question 3a.)
☐ Unknown
- 3a. Do you know what caused the injury(s)?
☐ No
☐ Yes (If "Yes", specify the component(s) or object(s) on the manikin(s).)
☐ Unknown
4. Did you (he/she) injure your (his/her) head? (skull/brain?)
☒ No (If "No", go to question 5)
☐ Yes (If "Yes", describe the type of injury(s) on the manikin(s), then go to question 4a.)
☐ Unknown
- 4a. Do you know what caused the injury(s)?
☐ No
☐ Yes (If "Yes", specify the component(s) on the manikin(s).)
☐ Unknown
5. Were any of your (his/her) internal organs injured?
☒ No (If "No", go to question 6)
☐ Yes (If "Yes", thoroughly describe the type of injury(s) and specify the internal organ(s) injured on the manikin(s), and then go to question 5a.)
☐ Unknown
- 5a. Do you know what caused this injury?
☐ No
☐ Yes (If "Yes", specify the component(s) on the manikin(s).)
☐ Unknown
6. Did you (he/she) suffer any joint sprains or muscle strains?
☐ No (If "No", go to question 7)
☒ Yes (If "Yes", specify on the manikin(s), and then go to question 6a.)
☐ Unknown
- 6a. Do you know what caused the injury(s)?
☐ No
☒ Yes (If "Yes", specify the component(s) on the manikin(s).)
☐ Unknown
7. Did you (he/she) receive any treatment?
☐ No (If "No", go to question 8)
☒ Yes (If "Yes", go to question 7a or return to question 2.)
- 7a. Were you (Was he/she) treated by (check all that apply):
☐ Hospital/trauma center? (specify hospital name):
☒ Medical clinic Next Day
☐ Out patient surgery? (specify medical facility):
☐ Paramedics or first aid at the scene?
☐ A doctor in his/her office?
☐ Treated at home?
☐ None of the above, go to question 8.
- 7b. Were you (Was he/she) treated and released from the emergency room? clinic
☐ No (If "No", go to question 7c.)
☒ Yes (If "Yes", go to question 7e.)
- 7c. Were you (Was he/she) hospitalized?
☐ No (If "No", give an explanation)
☐ Yes (If "Yes", go to question 7d.)

- 7d. How many days were you (was he/she) in the hospital?
 _____ days

1. Primary Sampling Unit Number	<u>10</u>	3. Vehicle Number	<u>02</u>
2. Case Number - Stratum	<u>9416</u>	4. Occupant Number	<u>01</u>

OCCUPANT INJURY DATA QUESTIONS (CONTINUED)

7e. Have you (Has he/she) received any follow-up treatment?

- ☒ No
☐ Yes (If "Yes", describe:)

☐ Unknown

7f. In order to achieve the best possible scientific data regarding your (his/her) injury(s), we need to obtain a copy of your (his/her) medical reports. Would you (he/she) sign a medical release form?

- ☐ No
☒ Yes (If "Yes", mail or present the form for signature.)

8. Have you (he/she) lost any days from work or school (college)?

- ☐ No
☒ Yes (If "Yes", determine the number of days lost) (Specify: 1)

- ☐ Not working prior to the accident
☐ Unknown

Clinic
WISC

National Accident Sampling System-Crashworthiness Data System: Interview Form - Supplement

1. Primary Sampling Unit Number 10 3. Vehicle Number 02
 2. Case Number - Stratum 9416 4. Occupant Number 01

OCCUPANT DATA QUESTIONS SUPPLEMENT

1. Who was the next occupant in your vehicle at the time of the accident?

my little NEIGHBOR

2. Occupant Number 2 of 2.

3. Where were you (was this person) sitting? (Circle seating positions)

[21] [12] [13]
 [31] [22] [23]
 [] Other (specify:)

5d. Were you (Was he/she)

- ☒ Sitting upright or
☐ Leaning to left side, or
☐ Leaning to right side?

OCCUPANT EJECTION

6. Were you (Was he/she) or any part of your (his/her) body thrown from the vehicle during the accident?

- ☒ No (If "No", go to question 7)
☐ Yes (If "Yes", go to question 6a)
☐ Unknown

6a. Can you remember out of what area of the vehicle you were (he/she was) thrown?

- ☐ No
☐ Yes (Describe:)

OCCUPANT RESTRAINT

7. Were you (Was he/she) wearing a seat belt just before the accident?

- ☐ No (If "No", go to question 8)
☒ Yes
☐ Unknown

7a. Were you (Was he/she) wearing the

- ☐ Lap belt?
☒ Lap and Shoulder belt?
☐ Shoulder belt?

7b. Can you describe how you were (he/she was) wearing the lap belt?

- ☐ Across the stomach
☒ Low on lap
☐ Other (specify:)
☐ Unknown

7c. Can you describe how you were (he/she was) wearing the shoulder belt?

- ☒ Over the shoulder
☐ Under the arm
☐ Behind the back
☐ Behind the seat
☐ Other (specify:)

7d. Did any part of the belt system break or tear?

- ☐ No
☐ Yes (If "Yes", describe)
☐ Unknown

OCCUPANT ENTRAPMENT

8. Were you (Was he/she) trapped in the vehicle?

- ☒ No
☐ Yes (If "Yes", describe)

☐ Unknown

OCCUPANT CHARACTERISTICS

4. Can I have your (his/her) height, weight, age, and sex?

Height 49" Weight 90 Age 12
 Sex: ☒ Male 145 ☐ Female 41

OCCUPANT POSTURE

5. Can you tell me how you (he/she) was sitting in the vehicle?

upright

5a. Can you describe the location of your (his/her) feet just prior to the collision?

Both feet on floor

5b. Can you describe the location of your (his/her) arms?

cradling (R) hand in lap

5c. Was your (his/her) back resting against the seat back rest?
☐ No (If "No", describe the position)

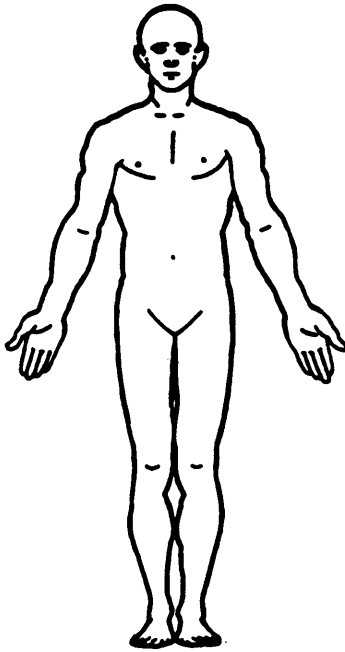
- ☒ Yes
☐ Unknown

PSU Number 10 Case Number-Stratum 9416 Vehicle Number 02 Occupant Number 02

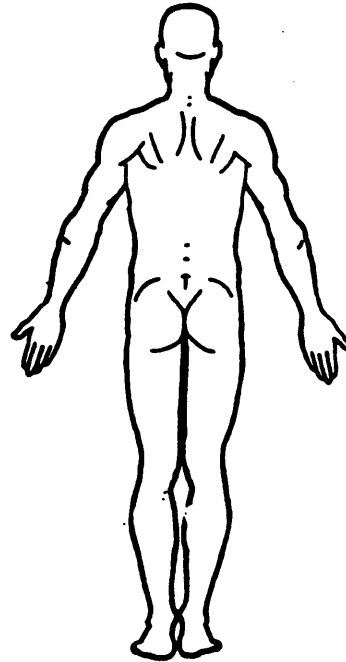
INJURY DATA FROM INTERVIEWEE(S)

Indicate the *Location, Lesion, Detail, and Source* of all injuries. Specify interviewee(s): DRIVER

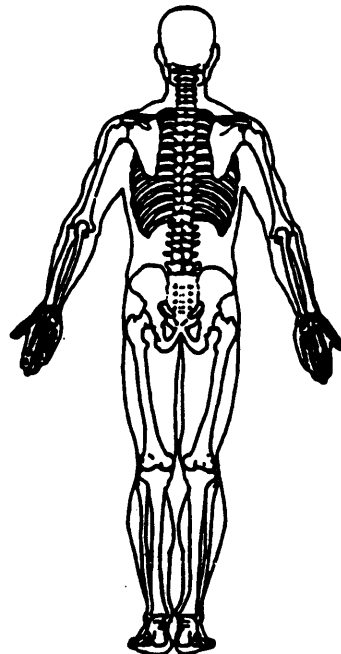
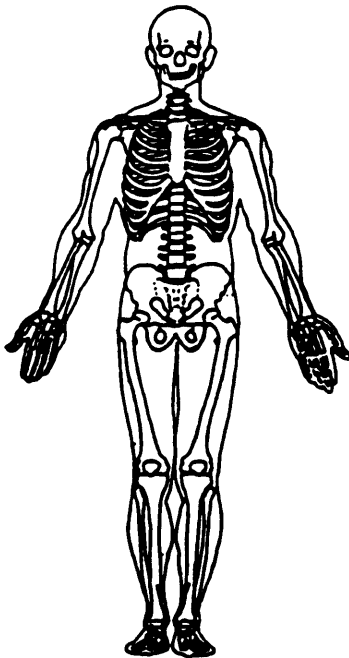
SOFT TISSUE/INTERNAL INJURIES



NONE



SKELETAL INJURIES



The space provided on the back of this page may be used to document injuries noted by the interviewee(s).

1. Primary Sampling Unit Number

10

3. Vehicle Number

02

2. Case Number - Stratum

9416

4. Occupant Number

01

OCCUPANT INJURY DATA QUESTIONS

1. Were you (Was he/she) injured?

- ☒ No (If "No", skip to question 7)
☐ Yes (If "Yes", complete Occupant Injury Questions)
☐ Unknown

2. Did you (he/she) receive any cuts, abrasions, or bruises?

- ☐ No (go to question 3)
☐ Yes (If "Yes", record the exact location(s) and size on the manikin(s).)
☐ Unknown

2a. Do you know what caused your (his/her) injury(s)?

- ☐ No
☐ Yes (If "Yes", specify the component(s) or object(s) on the manikin(s).)
☐ Unknown

3. Did you (he/she) experience any broken bones?

- ☐ No (If "No", go to question 4)
☐ Yes (If "Yes", record the exact location(s) and type of fracture(s) on the manikin(s), and then go to question 3a.)
☐ Unknown

3a. Do you know what caused the injury(s)?

- ☐ No
☐ Yes (If "Yes", specify the component(s) or object(s) on the manikin(s).)
☐ Unknown

4. Did you (he/she) injure your (his/her) head? (skull/ brain?)

- ☐ No (If "No", go to question 5)
☐ Yes (If "Yes", describe the type of injury(s) on the manikin(s), then go to question 4a.)
☐ Unknown

4a. Do you know what caused the injury(s)?

- ☐ No
☐ Yes (If "Yes", specify the component(s) on the manikin(s).)
☐ Unknown

5. Were any of your (his/her) internal organs injured?

- ☐ No (If "No", go to question 6)
☐ Yes (If "Yes", thoroughly describe the type of injury(s) and specify the internal organ(s) injured on the manikin(s), and then go to question 5a.)
☐ Unknown

5a. Do you know what caused this injury?

- ☐ No
☐ Yes (If "Yes", specify the component(s) on the manikin(s).)
☐ Unknown

6. Did you (he/she) suffer any joint sprains or muscle strains?

- ☐ No (If "No", go to question 7)
☐ Yes (If "Yes", specify on the manikin(s), and then go to question 6a.)
☐ Unknown

6a. Do you know what caused the injury(s)?

- ☐ No
☐ Yes (If "Yes", specify the component(s) on the manikin(s).)
☐ Unknown

7. Did you (he/she) receive any treatment?

- ☒ No (If "No", go to question 8)
☐ Yes (If "Yes", go to question 7a or return to question 2.)

7a. Were you (Was he/she) treated by (check all that apply):

- ☐ Hospital/trauma center? (specify hospital name):
☐ Medical clinic
☐ Out patient surgery? (specify medical facility):
☐ Paramedics or first aid at the scene?
☐ A doctor in his/her office?
☐ Treated at home?
☐ None of the above, go to question 8.

7b. Were you (Was he/she) treated and released from the emergency room?

- ☐ No (If "No", go to question 7c.)
☐ Yes (If "Yes", go to question 7e.)

7c. Were you (Was he/she) hospitalized?

- ☐ No (If "No", give an explanation)
☐ Yes (If "Yes", go to question 7d.)

7d. How many days were you (was he/she) in the hospital?
days

1. Primary Sampling Unit Number

9410

3. Vehicle Number

02

2. Case Number - Stratum

9416

4. Occupant Number

01

OCCUPANT INJURY DATA QUESTIONS (CONTINUED)

7e. Have you (Has he/she) received any follow-up treatment?

☐ No☐ Yes (If "Yes", describe:)

☐ Unknown

7f. In order to achieve the best possible scientific data regarding your (his/her) injury(s), we need to obtain a copy of your (his/her) medical reports. Would you (he/she) sign a medical release form?

☐ No☐ Yes (If "Yes", mail or present the form for signature.)

8. Have you (he/she) lost any days from work or school (college)?

☒ No☐ Yes (If "Yes", determine the number of days lost) (Specify:)☐ Not working prior to the accident☐ Unknown

Appendix H:

NASS CDS OCCUPANT ASSESSMENT FORM:

CASE VEHICLE DRIVER



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT ASSESSMENT FORM

Form Approved
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

2. Case Number - Stratum

3. Vehicle Number

4. Occupant Number

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

6. Occupant's Sex

(1) Male

(2) Female

(9) Unknown

7. Occupant's Height

Code actual height to the nearest
centimeter.

(999) Unknown

68 inches X 2.54 = 172⁷² centimeters

8. Occupant's Weight

Code actual weight to the nearest
kilogram.

(999) Unknown

160 pounds X .4536 = 072⁵⁷ kilograms

9. Occupant's Role

(1) Driver

(2) Passenger

(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify):

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify):

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify):

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify):

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify):

(99) Unknown

11. Occupant's Posture

(0) Normal posture

Abnormal posture

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with another
occupant or to look out a rear window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in front
of seat

(8) Other abnormal posture (specify):

(9) Unknown

EJECTION/ENTRAPMENT

12. Ejection 0

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area 0

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

14. Ejection Medium 0

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____
- (5) Integral structure
- (8) Other medium (specify): _____
- (9) Unknown

15. Medium Status (Immediately Prior To Impact) 0

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment 0

(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)

- (0) Not entrapped
- (1) Entrapped
- (9) Unknown

RESTRAINT SYSTEM EVALUATION

17. Manual (Active) Belt System Availability 4

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): _____

(9) Unknown

18. Manual (Active) Belt System Use 04

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify): _____

(02) Shoulder belt

(03) Lap belt

(04) Lap and shoulder belt

(05) Belt used—type unknown

(08) Other belt used (specify): _____

(12) Shoulder belt used with child safety seat

(13) Lap belt used with child safety seat

(14) Lap and shoulder belt used with child safety seat

(15) Belt used with child safety seat—type unknown

(18) Other belt used with child safety seat (specify): _____

(99) Unknown if belt used

19. Proper Use of Manual (Active) Belts 1

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of manual belt system (specify): _____

(9) Unknown

20. Manual (Active) Belt Failure Modes 1

During Accident

- (0) No manual belt used
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

(6) Broken retractor

(7) Combination of above (specify): _____

(8) Other manual belt failure (specify): _____

(9) Unknown

21. Air Bag System Availability/Function 1

- (0) Not equipped/not available
- (1) Air bag

Non-functional

(2) Air bag disconnected (specify): _____

(3) Air bag not reinstalled

(9) Unknown

22. Air Bag System Deployment 1

- (0) Not equipped/not available
- (1) Air bag deployed during accident (as a result of impact)
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (9) Unknown

23. Are There Indications of Air Bag System Failure? 1

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): _____
- (9) Unknown

Note: See Variables 44 through 48 (Page 5) for information on Automatic Belts

24. Police Reported Restraint Use 7

- (0) None used
- (1) Police did not indicate restraint use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Other or automatic restraint (specify): LAP & shoulder + AIR BAG
- (8) Restrained, type unknown
- (9) Police indicated "unknown"

HEAD RESTRAINT AND SEAT EVALUATION

25. Head Restraint Type/Damage by Occupant
at This Occupant Position3

- (0) No head restraints
- (1) Integral—no damage
- (2) Integral—damaged during accident
- (3) Adjustable—no damage
- (4) Adjustable—damaged during accident
- (5) Add-on—no damage
- (6) Add-on—damaged during accident
- (8) Other (specify): _____
- (9) Unknown

26. Seat Type (this Occupant Position)

02

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify): _____
- (10) Box mounted seat (i.e., van type)
- (99) Unknown

27. Seat Performance (this Occupant Position)

1

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed (specify): _____
- (4) Seat track/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): _____
- (7) Combination of above (specify): _____
- (8) Other (specify): _____
- (9) Unknown

CHILD SAFETY SEAT

28. Child Safety Seat Make/Model 0 0 0

(000) No child safety seat

Applicable codes are found in your NASS CDS Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify): _____

(998) Unknown make/model

(999) Unknown if child safety seat used

29. Type of Child Safety Seat 0

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat

(7) Other type child safety seat (specify): _____

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

30. Child Safety Seat Orientation 0 0

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify): _____

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify): _____

(19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify): _____

(29) Unknown orientation

(99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage 0 032. Child Safety Seat Shield Usage 0 033. Child Safety Seat Tether Usage 0 0

Note: Options below applicable to Variables OA31-OA33.

(00) No child safety seat

Not Designed With Harness/Shield/Tether

(01) After market harness/shield/tether added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market harness/shield/tether added

(09) Unknown if harness/shield/tether added or used

Designed With Harness/Shield/Tether

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES

34. Injury Severity (Police Rating) 1

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

35. Treatment - Mortality 0

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (8) Treatment - other (specify):

- (9) Unknown

36. Type Of Medical Facility (for Initial Treatment) 0

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

- (9) Unknown

37. Hospital Stay 00

- (00) Not Hospitalized
- _____ Code the number of days (up through 60) that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

38. Working Days Lost 00

- _____ Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

STOP - GO TO VARIABLE 44 ON PAGE 7**VARIABLES 39 THROUGH 43 ARE COMPLETED BY THE ZONE CENTER**39. Time to Death 00

- _____ Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)
- (00) Not fatal
- (96) Fatal - ruled disease
- (99) Unknown

40. 1st Medically Reported Cause of Death 0041. 2nd Medically Reported Cause of Death 0042. 3rd Medically Reported Cause of Death 00

- _____ Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
- (00) Not fatal or no additional causes
- (96) Mode of death given but specific injuries are not linked to cause of death. (specify):

- (97) Other result (includes fatal ruled disease) (specify):

- (99) Unknown

43. Number of Recorded Injuries for This Occupant 01

- _____ Code the actual number of injuries recorded for this occupant.
- (00) No recorded injuries
- (97) Injured, details unknown
- (99) Unknown if injured

AUTOMATIC BELT SYSTEM**44. Automatic (Passive) Belt System Availability/ Function** 0

- (0) Not equipped/not available
 (1) 2 point automatic belts
 (2) 3 point automatic belts
 (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
 (9) Unknown

45. Automatic (Passive) Belt System Use 0

- (0) Not equipped/not available/destroyed or rendered inoperative
 (1) Automatic belt in use
 (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): _____

- (3) Automatic belt use unknown
 (9) Unknown

46. Automatic (Passive) Belt System Type 0

- (0) Not equipped/not available
 (1) Non-motorized system
 (2) Motorized system
 (9) Unknown

47. Proper Use of Automatic (Passive) Belt System 0

- (0) Not equipped/not available/not used
 (1) Automatic belt used properly
 (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
 (4) Automatic shoulder belt worn behind back
 (5) Automatic belt worn around more than one person
 (6) Lap portion of automatic belt worn on abdomen
 (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____

- (8) Other improper use of automatic belt system (specify): _____
 (9) Unknown

48. Automatic (Passive) Belt Failure Modes During Accident 0

- (0) Not equipped/not available/not in use
 (1) No automatic belt failure(s)
 (2) Torn webbing (stretched webbing not included)
 (3) Broken buckle or latchplate
 (4) Upper anchorage separated
 (5) Other anchorage separated (specify): _____
 (6) Broken retractor
 (7) Combination of above (specify): _____
 (8) Other automatic belt failure (specify): _____
 (9) Unknown

49. Seat Orientation (this Occupant Position) 1

- (0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify): _____
 (9) Unknown

Check the Primary Source Used In Determining Belt Use.

- [] Not equipped/not available/destroyed or rendered inoperative
☒ Vehicle inspection
 [] Official injury data
 [] Driver/occupant interview
 [] Other (specify): _____

- [] Unknown if belt used

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED
 WITH INITIAL SUBMISSION?

NO [] YES ☒

UPDATE CANDIDATE?

NO ☒ YES []

STOP - VARIABLES 50 THROUGH 53 ARE COMPLETED BY THE ZONE CENTER**TRAUMA DATA**

50. Glasgow Coma Scale (GCS) Score 01
(at Medical Facility)
(00) Not injured
(01) Injured - not treated at medical facility
(02) No GCS Score at medical facility
(03-15) Code the actual value of the initial GCS Score recorded at medical facility.
(97) Injured, details unknown
(99) Unknown if injured

51. Was the Occupant Given Blood? 1
(1) No - blood not given
(2) Yes - blood given
(specify units): _____
(9) Unknown if blood given

52. Arterial Blood Gases (ABG) - HCO_3 01
(00) Not injured
(01) Injured, ABGs not measured or reported
(02-50) Code the actual value of the HCO_3
(96) ABGs reported, HCO_3 unknown
(97) Injured, details unknown
(99) Unknown if injured

BELT USE DETERMINATION

53. Primary Source of Belt Use Determination 1
(0) Not equipped/not available/destroyed or rendered inoperative
(1) Vehicle inspection
(2) Official injury data
(3) Driver/occupant interview
(8) Other (specify): _____
(9) Unknown if belt used

Appendix I:

NASS CDS OCCUPANT INJURY FORM:

CASE VEHICLE DRIVER



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT INJURY FORM

Form Approved
O.M.B. No. 2127-0021
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number <u>10</u> 2. Case Number - Stratum <u>9416</u>	3. Vehicle Number <u>01</u> 4. Occupant Number <u>01</u>
---	---

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

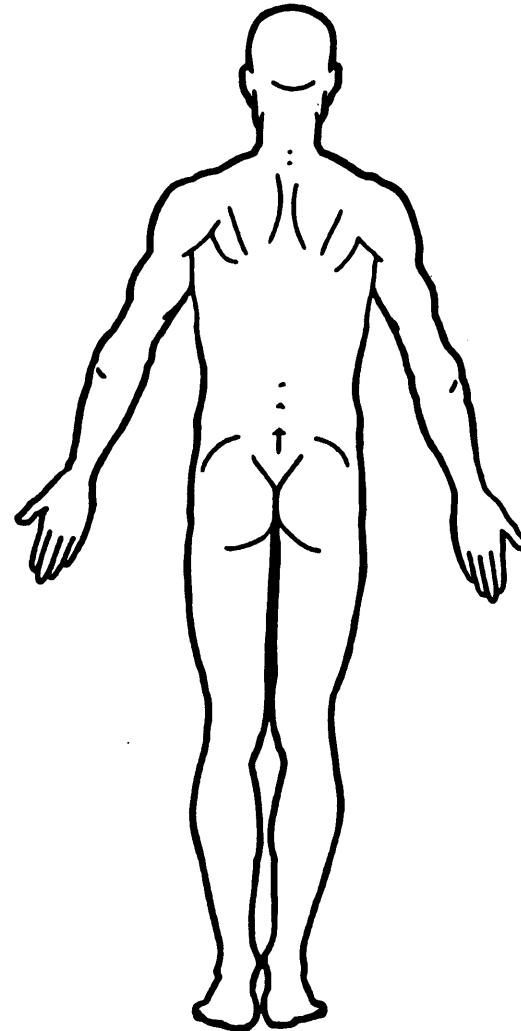
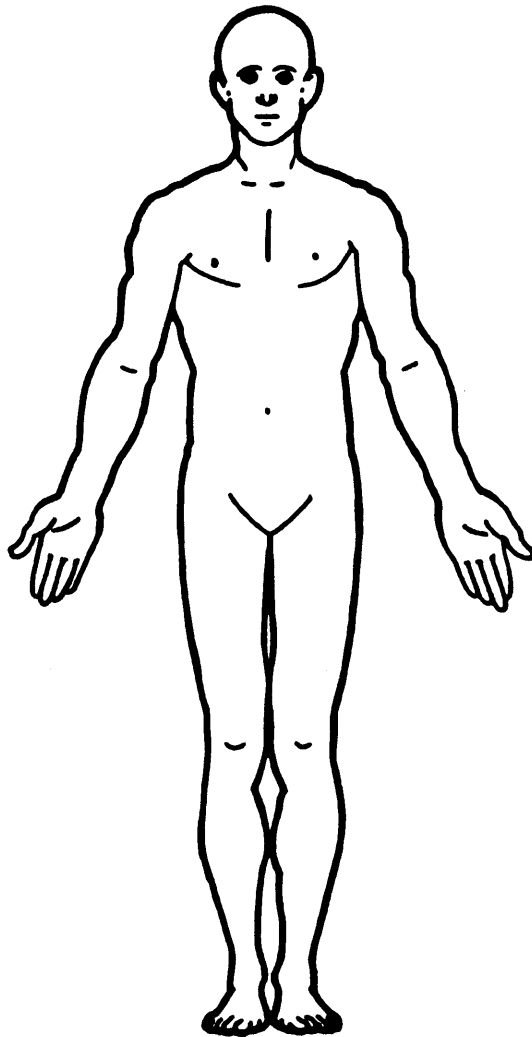
	Source of Injury Data	A.I.S. - 90					Injury Source	Injury Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number	
		Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect				
1st	5. <u>7</u>	6. <u>7</u>	7. <u>9</u>	8. <u>02</u>	9. <u>02</u>	10. <u>1</u>	11. <u>3</u>	12. <u>45</u>	13. <u>1</u>	14. <u>1</u>	15. <u>00</u>
2nd	16. <u> </u>	17. <u> </u>	18. <u> </u>	19. <u> </u>	20. <u> </u>	21. <u> </u>	22. <u> </u>	23. <u> </u>	24. <u> </u>	25. <u> </u>	26. <u> </u>
3rd	27. <u> </u>	28. <u> </u>	29. <u> </u>	30. <u> </u>	31. <u> </u>	32. <u> </u>	33. <u> </u>	34. <u> </u>	35. <u> </u>	36. <u> </u>	37. <u> </u>
4th	38. <u> </u>	39. <u> </u>	40. <u> </u>	41. <u> </u>	42. <u> </u>	43. <u> </u>	44. <u> </u>	45. <u> </u>	46. <u> </u>	47. <u> </u>	48. <u> </u>
5th	49. <u> </u>	50. <u> </u>	51. <u> </u>	52. <u> </u>	53. <u> </u>	54. <u> </u>	55. <u> </u>	56. <u> </u>	57. <u> </u>	58. <u> </u>	59. <u> </u>
6th	60. <u> </u>	61. <u> </u>	62. <u> </u>	63. <u> </u>	64. <u> </u>	65. <u> </u>	66. <u> </u>	67. <u> </u>	68. <u> </u>	69. <u> </u>	70. <u> </u>
7th	71. <u> </u>	72. <u> </u>	73. <u> </u>	74. <u> </u>	75. <u> </u>	76. <u> </u>	77. <u> </u>	78. <u> </u>	79. <u> </u>	80. <u> </u>	81. <u> </u>
8th	82. <u> </u>	83. <u> </u>	84. <u> </u>	85. <u> </u>	86. <u> </u>	87. <u> </u>	88. <u> </u>	89. <u> </u>	90. <u> </u>	91. <u> </u>	92. <u> </u>
9th	93. <u> </u>	94. <u> </u>	95. <u> </u>	96. <u> </u>	97. <u> </u>	98. <u> </u>	99. <u> </u>	100. <u> </u>	101. <u> </u>	102. <u> </u>	103. <u> </u>
10th	104. <u> </u>	105. <u> </u>	106. <u> </u>	107. <u> </u>	108. <u> </u>	109. <u> </u>	110. <u> </u>	111. <u> </u>	112. <u> </u>	113. <u> </u>	114. <u> </u>

OCCUPANT INJURY DATA											
Source of Injury Data	A.I.S. - 90						Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number	
	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect					
11th	—	—	—	— — —	— — —	—	—	— — —	—	—	— — —
12th	—	—	—	— — —	— — —	—	—	— — —	—	—	— — —
13th	—	—	—	— — —	— — —	—	—	— — —	—	—	— — —
14th	—	—	—	— — —	— — —	—	—	— — —	—	—	— — —
15th	—	—	—	— — —	— — —	—	—	— — —	—	—	— — —
16th	—	—	—	— — —	— — —	—	—	— — —	—	—	— — —
17th	—	—	—	— — —	— — —	—	—	— — —	—	—	— — —
18th	—	—	—	— — —	— — —	—	—	— — —	—	—	— — —
19th	—	—	—	— — —	— — —	—	—	— — —	—	—	— — —
20th	—	—	—	— — —	— — —	—	—	— — —	—	—	— — —
21st	—	—	—	— — —	— — —	—	—	— — —	—	—	— — —
22nd	—	—	—	— — —	— — —	—	—	— — —	—	—	— — —
23rd	—	—	—	— — —	— — —	—	—	— — —	—	—	— — —
24th	—	—	—	— — —	— — —	—	—	— — —	—	—	— — —
25th	—	—	—	— — —	— — —	—	—	— — —	—	—	— — —

	A.I.S. - 90							Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number
Source of Injury Data	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source			
11th	—	—	—	---	--	—	---	—	—	---
12th	—	—	—	---	--	—	---	—	—	---
13th	—	—	—	---	--	—	---	—	—	---
14th	—	—	—	---	--	—	---	—	—	---
15th	—	—	—	---	--	—	---	—	—	---
16th	—	—	—	---	--	—	---	—	—	---
17th	—	—	—	---	--	—	---	—	—	---
18th	—	—	—	---	--	—	---	—	—	---
19th	—	—	—	---	--	—	---	—	—	---
20th	—	—	—	---	--	—	---	—	—	---
21st	—	—	—	---	--	—	---	—	—	---
22nd	—	—	—	---	--	—	---	—	—	---
23rd	—	—	—	---	--	—	---	—	—	---
24th	—	—	—	---	--	—	---	—	—	---
25th	—	—	—	---	--	—	---	—	—	---

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



SOURCE OF INJURY DATA**OFFICIAL**

- (1) Autopsy records with or without hospital/medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): _____
- (9) Police

INJURY SOURCE**FRONT**

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (16) Driver side air bag compartment cover
- (17) Passenger side air bag compartment cover
- (18) Windshield reinforced by exterior object (specify): _____
- (19) Other front object (specify): _____

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A (A1/A2)-pillar
- (23) Left B-pillar
- (24) Other left pillar (specify): _____

- (25) Left side window glass or frame
- (26) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (27) Other left side object (specify): _____

- (28) Left side window sill

RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A (A1/A2)-pillar
- (33) Right B-pillar
- (34) Other right pillar (specify): _____

- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (37) Other right side object (specify): _____

- (38) Right side window sill

INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar or door frame attachment point
- (43) Other restraint system component (specify): _____
- (44) Head restraint system
- (45) Air bag (use codes "16" and "17" for injuries sustained from air bag compartment covers)
- (46) Other occupants (specify): _____
- (47) Interior loose objects
- (48) Child safety seat (specify): _____
- (49) Other interior object (specify): _____

ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

FLOOR

- (56) Floor (including toe pan)
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

REAR

- (60) Backlight (rear window)

- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify): _____

EXTERIOR of OCCUPANT'S VEHICLE

- (65) Hood
- (66) Outside hardware (e.g., outside mirror, antenna)
- (67) Other exterior surface or tires (specify): _____
- (68) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

- (70) Front bumper
- (71) Hood edge
- (72) Other front of vehicle (specify): _____

- (73) Hood
- (74) Hood ornament
- (75) Windshield, roof rail, A-pillar
- (76) Side surface
- (77) Side mirrors
- (78) Other side protrusions (specify): _____

- (79) Rear surface
- (80) Undercarriage
- (81) Tires and wheels
- (82) Other exterior of other motor vehicle (specify): _____

- (83) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (84) Ground
- (85) Other vehicle or object (specify): _____
- (86) Unknown vehicle or object

NONCONTACT INJURY

- (90) Fire in vehicle
- (91) Flying glass
- (92) Other noncontact injury source (specify): _____
- (93) Air bag exhaust gases
- (97) Injured, unknown source

INJURY SOURCE CONFIDENCE LEVEL

- (1) Certain
- (2) Probable
- (3) Possible
- (8) Unknown

DIRECT/INDIRECT INJURY

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

OCCUPANT INJURY CLASSIFICATION**Body Region**

- (1) Head
- (2) Face
- (3) Neck
- (4) Thorax
- (5) Abdomen
- (6) Spine
- (7) Upper Extremity
- (8) Lower Extremity
- (9) Unspecified

Type of Anatomic Structure

- (1) Whole Area
- (2) Vessels
- (3) Nerves
- (4) Organs (includes muscles/ligaments)
- (5) Skeletal (includes joints)
- (6) Head - LOC
- (9) Skin

Specific Anatomic Structure**Whole Area**

- (02) Skin - Abrasion
- (04) Skin - Contusion
- (06) Skin - Laceration
- (08) Skin - Amputation
- (10) Amputation
- (20) Burn
- (30) Crush
- (40) Degloving
- (50) Injury - NFS
- (90) Trauma, other than mechanical

Head - LOC

- (02) Length of LOC
- (04, 06, 08) Level of Consciousness
- (10) Concussion

Spine

- (02) Cervical
- (04) Thoracic
- (06) Lumbar

Vessels, Nerves, Organs, Bones,

Joints are assigned consecutive two digit numbers beginning with 02

Level of Injury

Specific injuries are assigned consecutive two-digit numbers beginning with 02.

To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.

Abbreviated Injury Scale

- (1) Minor injury
- (2) Moderate injury
- (3) Serious injury
- (4) Severe injury
- (5) Critical injury
- (6) Maximum (untreatable)
- (7) Injured, unknown severity

Aspect

- (1) Right
- (2) Left
- (3) Bilateral
- (4) Central
- (5) Anterior
- (6) Posterior
- (7) Superior
- (8) Inferior
- (9) Unknown
- (0) Whole region

OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

☐ No

☐ Yes

Blood Alcohol
Level (mg/dl)

BAL = ____

Glasgow Coma
Scale Score

GCSS = ____

Units of Blood
Given

Units = ____

Arterial Blood
Gases

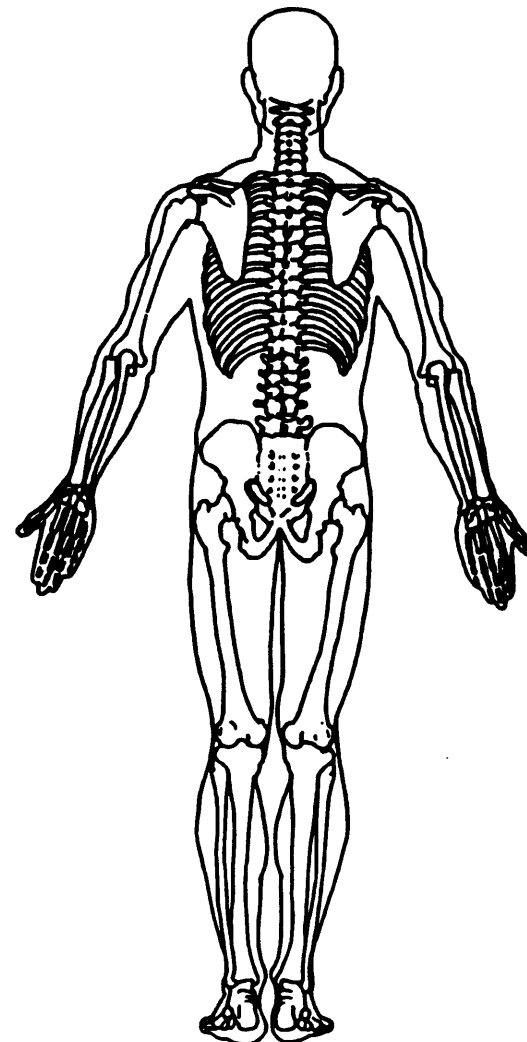
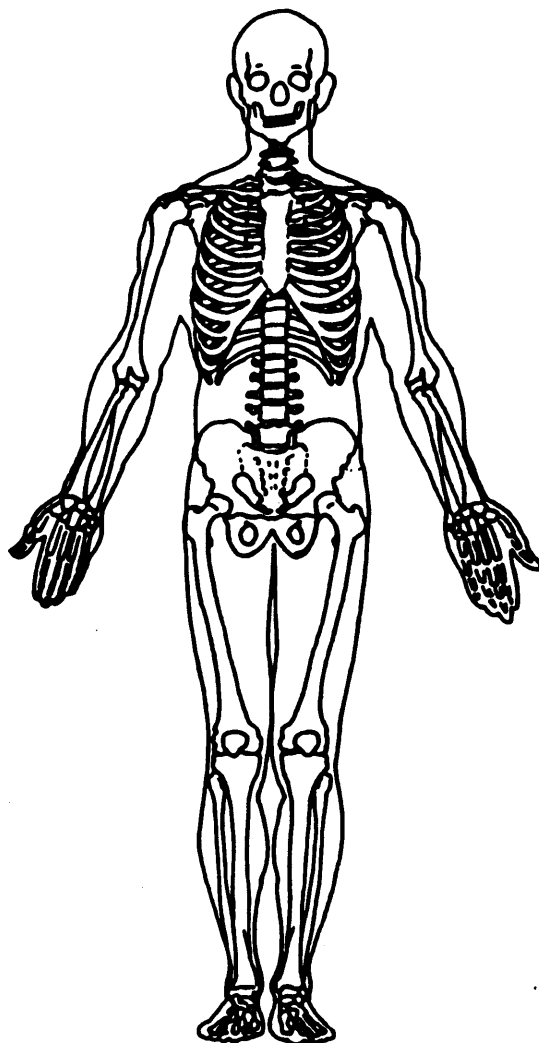
pH = ____

PO₂ = ____

PCO₂ = ____

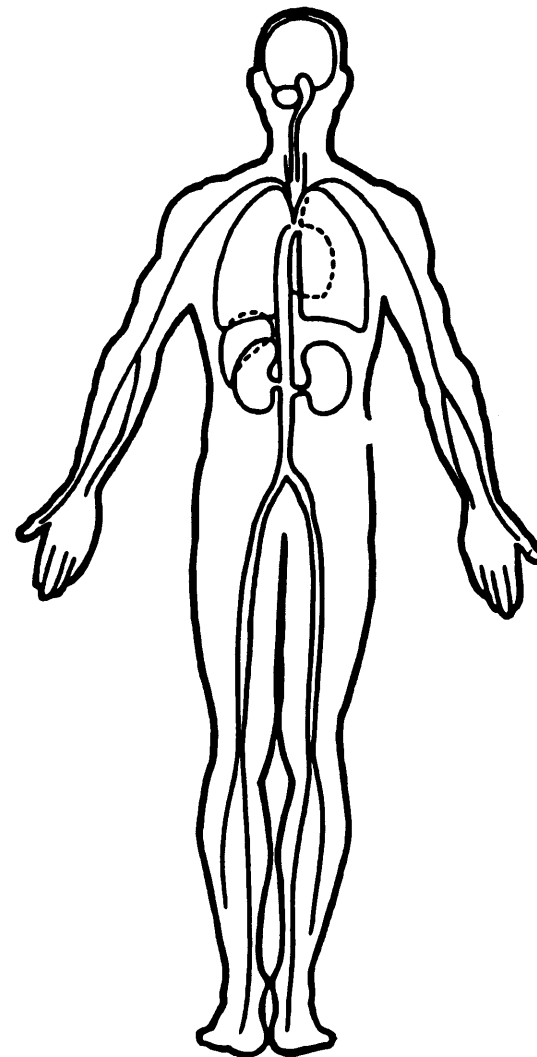
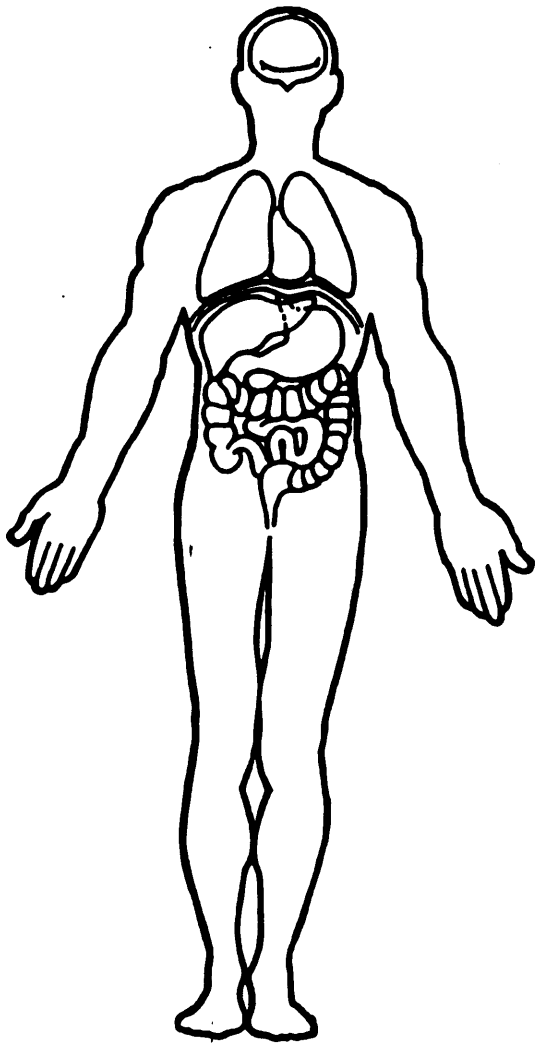
HCO₃ = ____

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



OFFICIAL INJURY DATA — INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



Appendix J:

NASS CDS OCCUPANT ASSESSMENT FORM:

CASE VEHICLE PASSENGER



OCCUPANT ASSESSMENT FORM

OCCUPANT'S SEATING	
1. Primary Sampling Unit Number <u>10</u>	10. Occupant's Seat Position <u>13</u>
2. Case Number - Stratum <u>9416</u>	Front Seat
3. Vehicle Number <u>01</u>	(11) Left side
4. Occupant Number <u>02</u>	(12) Middle
(13) Right side	
(14) Other (specify): _____	
(15) On or in the lap of another occupant	
Second Seat	
(21) Left side	
(22) Middle	
(23) Right side	
(24) Other (specify): _____	
(25) On or in the lap of another occupant	
Third Seat	
(31) Left side	
(32) Middle	
(33) Right side	
(34) Other (specify): _____	
(35) On or in the lap of another occupant	
Fourth Seat	
(41) Left side	
(42) Middle	
(43) Right side	
(44) Other (specify): _____	
(45) On or in the lap of another occupant	
(97) In or on unenclosed area	
(98) Other seat (specify): _____	
(99) Unknown	
11. Occupant's Posture <u>8</u>	
(0) Normal posture	
Abnormal posture	
(1) Kneeling or standing on seat	
(2) Lying on or across seat	
(3) Kneeling, standing or sitting in front of seat	
(4) Sitting sideways or turned to talk with another occupant or to look out a rear window	
(5) Sitting on a console	
(6) Lying back in a reclined seat position	
(7) Bracing with feet or hands on a surface in front of seat	
(8) Other abnormal posture (specify): <u>leaning forward</u>	
(9) Unknown <u>playing</u>	

OCCUPANT'S CHARACTERISTICS	
5. Occupant's Age <u>08</u> Code actual age at time of accident. (00) Less than one year old (specify by month): (97) 97 years and older (99) Unknown	6. Occupant's Sex <u>1</u> (1) Male (2) Female (9) Unknown
7. Occupant's Height <u>130</u> Code actual height to the nearest centimeter. (999) Unknown <u>51</u> inches X 2.54 = <u>129.54</u> centimeters	8. Occupant's Weight <u>026</u> Code actual weight to the nearest kilogram. (999) Unknown <u>58</u> pounds X .4536 = <u>26</u> kilograms
9. Occupant's Role <u>2</u> (1) Driver (2) Passenger (9) Unknown	

EJECTION/ENTRAPMENT

12. Ejection 0

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area 0

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

14. Ejection Medium 0

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____
- (5) Integral structure
- (8) Other medium (specify): _____
- (9) Unknown

15. Medium Status (Immediately Prior To Impact) 0

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment 0

(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)

- (0) Not entrapped
- (1) Entrapped
- (9) Unknown

RESTRAINT SYSTEM EVALUATION

17. Manual (Active) Belt System Availability 4

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): _____

(9) Unknown

18. Manual (Active) Belt System Use 04

(00) None used, not available, or belt removed/destroyed

(01) Inoperative (specify): _____

(02) Shoulder belt

(03) Lap belt

(04) Lap and shoulder belt

(05) Belt used—type unknown

(08) Other belt used (specify): _____

(12) Shoulder belt used with child safety seat

(13) Lap belt used with child safety seat

(14) Lap and shoulder belt used with child safety seat

(15) Belt used with child safety seat—type unknown

(18) Other belt used with child safety seat (specify): _____

(99) Unknown if belt used

19. Proper Use of Manual (Active) Belts 1

(0) None used or not available

(1) Belt used properly

(2) Belt used properly with child safety seat

Belt Used Improperly

(3) Shoulder belt worn under arm

(4) Shoulder belt worn behind back or seat

(5) Belt worn around more than one person

(6) Lap belt worn on abdomen

(7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of manual belt system (specify): _____

(9) Unknown

20. Manual (Active) Belt Failure Modes During Accident 1

(0) No manual belt used

(1) No manual belt failure(s)

(2) Torn webbing (stretched webbing not included)

(3) Broken buckle or latchplate

(4) Upper anchorage separated

(5) Other anchorage separated (specify): _____

(6) Broken retractor

(7) Combination of above (specify): _____

(8) Other manual belt failure (specify): _____

(9) Unknown

21. Air Bag System Availability/Function 1

(0) Not equipped/not available

(1) Air bag

Non-functional

(2) Air bag disconnected (specify): _____

(3) Air bag not reinstalled

(9) Unknown

22. Air Bag System Deployment 1

(0) Not equipped/not available

(1) Air bag deployed during accident (as a result of impact)

(2) Air bag deployed inadvertently just prior to accident

(3) Air bag deployed, accident sequence undetermined

(4) Nondeployed

(5) Unknown if deployed

(6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)

(9) Unknown

23. Are There Indications of Air Bag System Failure? 2

(0) Not equipped/not available

(1) No

(2) Yes (specify):

Inflator started bag on fire

(9) Unknown

Note: See Variables 44 through 48 (Page 5) for information on Automatic Belts

24. Police Reported Restraint Use 7

(0) None used

(1) Police did not indicate restraint use

(2) Shoulder belt

(3) Lap belt

(4) Lap and shoulder belt

(5) Belt used, type not specified

(6) Child safety seat

(7) Other or automatic restraint (specify):

LAP & SHOULDER + AIR BAG

(8) Restrained, type unknown

(9) Police indicated "unknown"

HEAD RESTRAINT AND SEAT EVALUATION

25. Head Restraint Type/Damage by Occupant
at This Occupant Position 3

- (0) No head restraints
- (1) Integral—no damage
- (2) Integral—damaged during accident
- (3) Adjustable—no damage
- (4) Adjustable—damaged during accident
- (5) Add-on—no damage
- (6) Add-on—damaged during accident
- (8) Other (specify): _____
- (9) Unknown

26. Seat Type (this Occupant Position) 02

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify): _____
- (10) Box mounted seat (i.e., van type)
- (99) Unknown

27. Seat Performance (this Occupant Position) 1

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed (specify): _____
- (4) Seat track/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): _____
- (7) Combination of above (specify): _____
- (8) Other (specify): _____
- (9) Unknown

CHILD SAFETY SEAT

28. Child Safety Seat Make/Model 600

(000) No child safety seat

Applicable codes are found in your NASS CDS
Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

29. Type of Child Safety Seat 0

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

30. Child Safety Seat Orientation 00

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

*Unknown Design or Orientation For This
Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage 0032. Child Safety Seat Shield Usage 0033. Child Safety Seat Tether Usage 00Note: Options below applicable to
Variables OA31-OA33.

(00) No child safety seat

Not Designed With Harness/Shield/Tether(01) After market harness/shield/tether
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market
harness/shield/tether added(09) Unknown if harness/shield/tether
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES

34. Injury Severity (Police Rating) 1

- (0) O - No injury
(1) C - Possible injury
(2) B - Nonincapacitating injury
(3) A - Incapacitating injury
(4) K - Killed
(5) U - Injury, severity unknown
(6) Died prior to accident
(9) Unknown

35. Treatment - Mortality 4

- (0) No treatment
(1) Fatal
(2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
(4) Transported and released
(5) Treatment at scene - nontransported
(6) Treatment later
(8) Treatment - other (specify):

(9) Unknown

36. Type Of Medical Facility (for Initial Treatment) 9

- (0) Not treated at a medical facility
(1) Trauma center
(2) Hospital
(3) Medical clinic
(4) Physician's office
(5) Treatment later at medical facility
(8) Other (specify):

(9) Unknown

37. Hospital Stay 00

- (00) Not Hospitalized
_____ Code the number of days (up through 60)
that the occupant stayed in hospital.
(61) 61 days or more
(99) Unknown

38. Working Days Lost 00

- _____ Code the number of days
(up through 60) that the occupant
lost from work due to the accident
(00) No working days lost
(61) 61 days or more
(62) Fatally injured
(97) Not working prior to accident
(99) Unknown

STOP - GO TO VARIABLE 44 ON PAGE 7**VARIABLES 39 THROUGH 43 ARE
COMPLETED BY THE ZONE CENTER**39. Time to Death 00

- _____ Code number of hours from time of
accident to time of death up through 24
hours. If time of death is greater than 24
hours, code number of days. (Note: 1 day =
31, 2 days = 32, ... n days = 30 + n up
through 30 days = 60)
(00) Not fatal
(96) Fatal - ruled disease
(99) Unknown

40. 1st Medically Reported Cause of Death 0041. 2nd Medically Reported Cause of Death 0042. 3rd Medically Reported Cause of Death 00

- _____ Code the Occupant Injury from line
number(s) for the medically reported
injury(s) which reportedly contributed to
this occupant's death
(00) Not fatal or no additional causes
(96) Mode of death given but specific
injuries are not linked to cause
of death. (specify):

- (97) Other result (includes fatal ruled
disease) (specify):

- (99) Unknown

43. Number of Recorded Injuries for
This Occupant 01

- 1 Code the actual number of
injuries recorded for this occupant.
(00) No recorded injuries
(97) Injured, details unknown
(99) Unknown if injured

AUTOMATIC BELT SYSTEM**44. Automatic (Passive) Belt System Availability/ Function** 0

- (0) Not equipped/not available
 (1) 2 point automatic belts
 (2) 3 point automatic belts
 (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
 (9) Unknown

45. Automatic (Passive) Belt System Use 0

- (0) Not equipped/not available/destroyed or rendered inoperative
 (1) Automatic belt in use
 (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): _____

- (3) Automatic belt use unknown
 (9) Unknown

46. Automatic (Passive) Belt System Type 0

- (0) Not equipped/not available
 (1) Non-motorized system
 (2) Motorized system
 (9) Unknown

47. Proper Use of Automatic (Passive) Belt System 0

- (0) Not equipped/not available/not used
 (1) Automatic belt used properly
 (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
 (4) Automatic shoulder belt worn behind back
 (5) Automatic belt worn around more than one person
 (6) Lap portion of automatic belt worn on abdomen
 (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____

- (8) Other improper use of automatic belt system (specify): _____
 (9) Unknown

48. Automatic (Passive) Belt Failure Modes During Accident 0

- (0) Not equipped/not available/not in use
 (1) No automatic belt failure(s)
 (2) Torn webbing (stretched webbing not included)
 (3) Broken buckle or latchplate
 (4) Upper anchorage separated
 (5) Other anchorage separated (specify): _____
 (6) Broken retractor
 (7) Combination of above (specify): _____
 (8) Other automatic belt failure (specify): _____
 (9) Unknown

49. Seat Orientation (this Occupant Position) 1

- (0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify): _____
 (9) Unknown

Check the Primary Source Used In Determining Belt Use.

- [] Not equipped/not available/destroyed or rendered inoperative
☒ Vehicle inspection
 [] Official injury data
 [] Driver/occupant interview
 [] Other (specify): _____

- [] Unknown if belt used

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED WITH INITIAL SUBMISSION?

NO [] YES [☒]

UPDATE CANDIDATE?

NO [☒] YES []

STOP - VARIABLES 50 THROUGH 53 ARE COMPLETED BY THE ZONE CENTER**TRAUMA DATA**

50. Glasgow Coma Scale (GCS) Score 15
(at Medical Facility)
(00) Not injured
(01) Injured - not treated at medical facility
(02) No GCS Score at medical facility
(03-15) Code the actual value of the initial GCS Score recorded at medical facility.
(97) Injured, details unknown
(99) Unknown if injured

51. Was the Occupant Given Blood? 1
(1) No - blood not given
(2) Yes - blood given
(specify units): _____
(9) Unknown if blood given

52. Arterial Blood Gases (ABG) - HCO_3 01
(00) Not injured
(01) Injured, ABGs not measured or reported
(02-50) Code the actual value of the HCO_3
(96) ABGs reported, HCO_3 unknown
(97) Injured, details unknown
(99) Unknown if injured

BELT USE DETERMINATION

53. Primary Source of Belt Use Determination 1
(0) Not equipped/not available/destroyed or rendered inoperative
(1) Vehicle inspection
(2) Official injury data
(3) Driver/occupant interview
(8) Other (specify): _____
(9) Unknown if belt used

Appendix K:

NASS CDS OCCUPANT INJURY FORM:

CASE VEHICLE PASSENGER



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT INJURY FORM

Form Approved
O.M.B. No. 2127-0021
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

10

3. Vehicle Number

01

2. Case Number - Stratum

9416

4. Occupant Number

02

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

	Source of Injury Data	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number
1st	5. <u>3</u>	6. <u>2</u>	7. <u>9</u>	8. <u>02</u>	9. <u>02</u>	10. <u>1</u>	11. <u>0</u>	12. <u>45</u>	13. <u>1</u>	14. <u>1</u>	15. <u>00</u>
2nd	16. <u> </u>	17. <u> </u>	18. <u> </u>	19. <u> </u>	20. <u> </u>	21. <u> </u>	22. <u> </u>	23. <u> </u>	24. <u> </u>	25. <u> </u>	26. <u> </u>
3rd	27. <u> </u>	28. <u> </u>	29. <u> </u>	30. <u> </u>	31. <u> </u>	32. <u> </u>	33. <u> </u>	34. <u> </u>	35. <u> </u>	36. <u> </u>	37. <u> </u>
4th	38. <u> </u>	39. <u> </u>	40. <u> </u>	41. <u> </u>	42. <u> </u>	43. <u> </u>	44. <u> </u>	45. <u> </u>	46. <u> </u>	47. <u> </u>	48. <u> </u>
5th	49. <u> </u>	50. <u> </u>	51. <u> </u>	52. <u> </u>	53. <u> </u>	54. <u> </u>	55. <u> </u>	56. <u> </u>	57. <u> </u>	58. <u> </u>	59. <u> </u>
6th	60. <u> </u>	61. <u> </u>	62. <u> </u>	63. <u> </u>	64. <u> </u>	65. <u> </u>	66. <u> </u>	67. <u> </u>	68. <u> </u>	69. <u> </u>	70. <u> </u>
7th	71. <u> </u>	72. <u> </u>	73. <u> </u>	74. <u> </u>	75. <u> </u>	76. <u> </u>	77. <u> </u>	78. <u> </u>	79. <u> </u>	80. <u> </u>	81. <u> </u>
8th	82. <u> </u>	83. <u> </u>	84. <u> </u>	85. <u> </u>	86. <u> </u>	87. <u> </u>	88. <u> </u>	89. <u> </u>	90. <u> </u>	91. <u> </u>	92. <u> </u>
9th	93. <u> </u>	94. <u> </u>	95. <u> </u>	96. <u> </u>	97. <u> </u>	98. <u> </u>	99. <u> </u>	100. <u> </u>	101. <u> </u>	102. <u> </u>	103. <u> </u>
10th	104. <u> </u>	105. <u> </u>	106. <u> </u>	107. <u> </u>	108. <u> </u>	109. <u> </u>	110. <u> </u>	111. <u> </u>	112. <u> </u>	113. <u> </u>	114. <u> </u>

OCCUPANT INJURY DATA											
Source of Injury Data	A.I.S. - 90						Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number	
	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect					
11th	—	—	—	---	---	—	—	---	—	—	---
12th	—	—	—	---	---	—	—	---	—	—	---
13th	—	—	—	---	---	—	—	---	—	—	---
14th	—	—	—	---	---	—	—	---	—	—	---
15th	—	—	—	---	---	—	—	---	—	—	---
16th	—	—	—	---	---	—	—	---	—	—	---
17th	—	—	—	---	---	—	—	---	—	—	---
18th	—	—	—	---	---	—	—	---	—	—	---
19th	—	—	—	---	---	—	—	---	—	—	---
20th	—	—	—	---	---	—	—	---	—	—	---
21st	—	—	—	---	---	—	—	---	—	—	---
22nd	—	—	—	---	---	—	—	---	—	—	---
23rd	—	—	—	---	---	—	—	---	—	—	---
24th	—	—	—	---	---	—	—	---	—	—	---
25th	—	—	—	---	---	—	—	---	—	—	---

[illegible]

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

• His head hit the bag (EN, HP)

Height: 49.25"

Weight: 56.75 lbs

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

• Tender to nose + ②
zygomatic arch
(EN)

Pain to face
with 1° burn
(EN)

Abrasions on ② + ③ zygomatic
arches and above eyes (EN)

Abrasion nose
(EN)

Discoloration to nose + ②
face close to temporal
area from air bag (Fu)

• Red marks across
abdomen, soft
nontender
(EN)

Dx: Impaired skin
integrity, at risk
for infection (EN)

• Abrasion on face involving
forehead, maxillary area,
and nose (HP)
{superficial}

Fu = Follow-up
visit with
Family Physician

Dx: Mask burn
to face from
air bag (Fu)

SOURCE OF INJURY DATA**OFFICIAL**

- (1) Autopsy records with or without hospital/medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): _____
- (9) Police

INJURY SOURCE**FRONT**

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (16) Driver side air bag compartment cover
- (17) Passenger side air bag compartment cover
- (18) Windshield reinforced by exterior object (specify): _____
- (19) Other front object (specify): _____

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A (A1/A2)-pillar
- (23) Left B-pillar
- (24) Other left pillar (specify): _____

- (25) Left side window glass or frame
- (26) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (27) Other left side object (specify): _____

- (28) Left side window sill

RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A (A1/A2)-pillar
- (33) Right B-pillar
- (34) Other right pillar (specify): _____

- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (37) Other right side object (specify): _____

- (38) Right side window sill

INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar or door frame attachment point
- (43) Other restraint system component (specify): _____
- (44) Head restraint system
- (45) Air bag (use codes "16" and "17" for injuries sustained from air bag compartment covers)
- (46) Other occupants (specify): _____
- (47) Interior loose objects
- (48) Child safety seat (specify): _____
- (49) Other interior object (specify): _____

ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

FLOOR

- (56) Floor (including toe pan)
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

REAR

- (60) Backlight (rear window)

- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify): _____

EXTERIOR OF OCCUPANT'S VEHICLE

- (65) Hood
- (66) Outside hardware (e.g., outside mirror, antenna)
- (67) Other exterior surface or tires (specify): _____
- (68) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

- (70) Front bumper
- (71) Hood edge
- (72) Other front of vehicle (specify): _____
- (73) Hood
- (74) Hood ornament
- (75) Windshield, roof rail, A-pillar
- (76) Side surface
- (77) Side mirrors
- (78) Other side protrusions (specify): _____

- (79) Rear surface
- (80) Undercarriage
- (81) Tires and wheels
- (82) Other exterior of other motor vehicle (specify): _____

- (83) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (84) Ground
- (85) Other vehicle or object (specify): _____
- (86) Unknown vehicle or object

NONCONTACT INJURY

- (90) Fire in vehicle
- (91) Flying glass
- (92) Other noncontact injury source (specify): _____
- (93) Air bag exhaust gases
- (97) Injured, unknown source

INJURY SOURCE CONFIDENCE LEVEL

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

DIRECT/INDIRECT INJURY

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

OCCUPANT INJURY CLASSIFICATION**Body Region**

- (1) Head
- (2) Face
- (3) Neck
- (4) Thorax
- (5) Abdomen
- (6) Spine
- (7) Upper Extremity
- (8) Lower Extremity
- (9) Unspecified

Type of Anatomic Structure

- (1) Whole Area
- (2) Vessels
- (3) Nerves
- (4) Organs (includes muscles/ligaments)
- (5) Skeletal (includes joints)
- (6) Head - LOC
- (9) Skin

Specific Anatomic Structure**Whole Area**

- (02) Skin - Abrasion
- (04) Skin - Contusion
- (06) Skin - Laceration
- (08) Skin - Avulsion
- (10) Amputation
- (20) Burn
- (30) Crush
- (40) Degloving
- (50) Injury - NFS
- (90) Trauma, other than mechanical

Head - LOC

- (02) Length of LOC
- (04, 06, 08) Level of Consciousness
- (10) Concussion

Spine

- (02) Cervical
- (04) Thoracic
- (06) Lumbar

Vessels, Nerves, Organs, Bones,

Joints are assigned consecutive two digit numbers beginning with 02

Level of Injury

Specific injuries are assigned consecutive two-digit numbers beginning with 02.

To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.

Abbreviated Injury Scale

- (1) Minor injury
- (2) Moderate injury
- (3) Serious injury
- (4) Severe injury
- (5) Critical injury
- (6) Maximum (untreatable)
- (7) Injured, unknown severity

Aspect

- (1) Right
- (2) Left
- (3) Bilateral
- (4) Central
- (5) Anterior
- (6) Posterior
- (7) Superior
- (8) Inferior
- (9) Unknown
- (0) Whole region

OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

___ No

☒ YesBlood Alcohol
Level (mg/dl)

BAL = ___

Glasgow Coma
Scale ScoreGCSS = 15
(EN)Units of Blood
Given

Units = ___

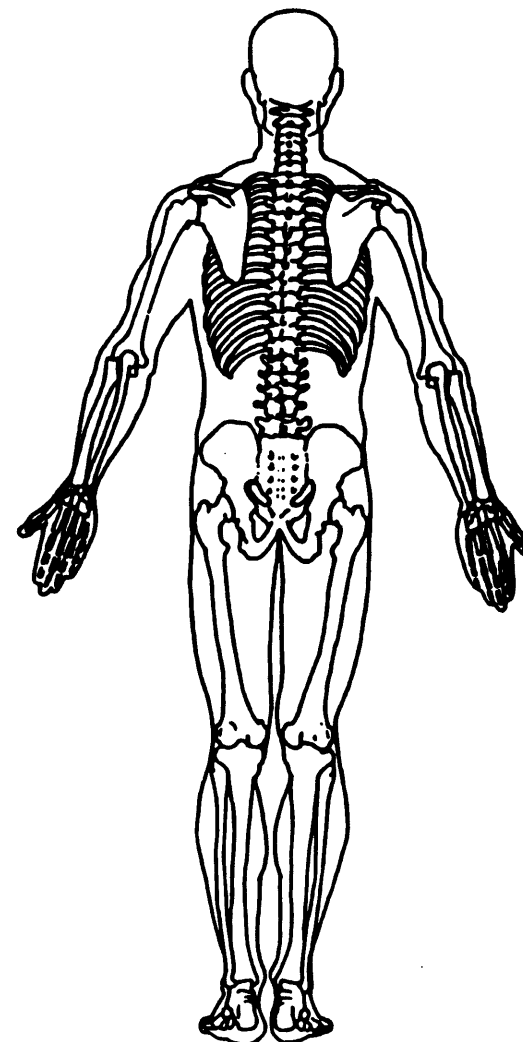
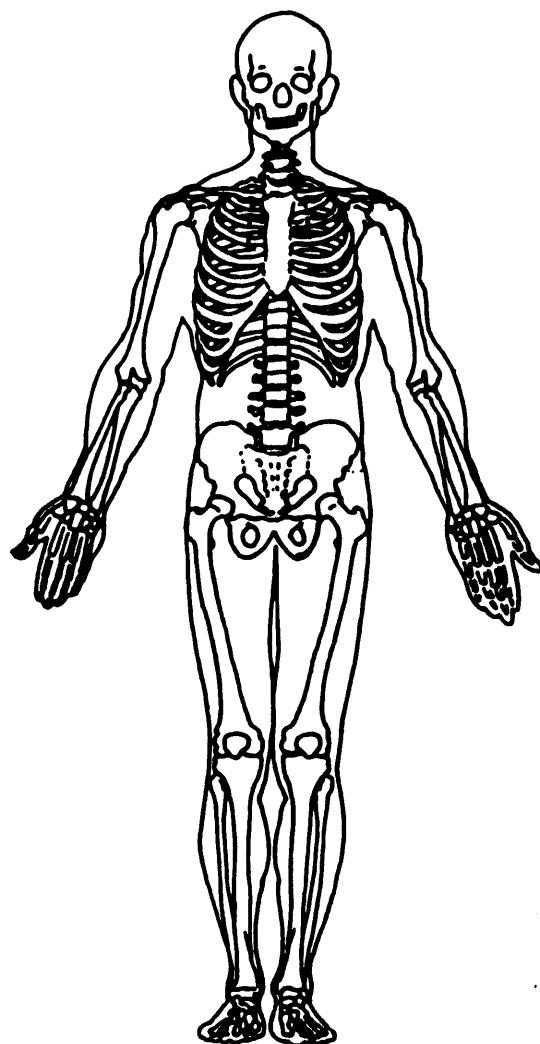
Arterial Blood
Gases

pH = ___

PO₂ = ___PCO₂ = ___HCO₃ = ___

I had my seatbelt on and air bag come out (EN) belted (HP)

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



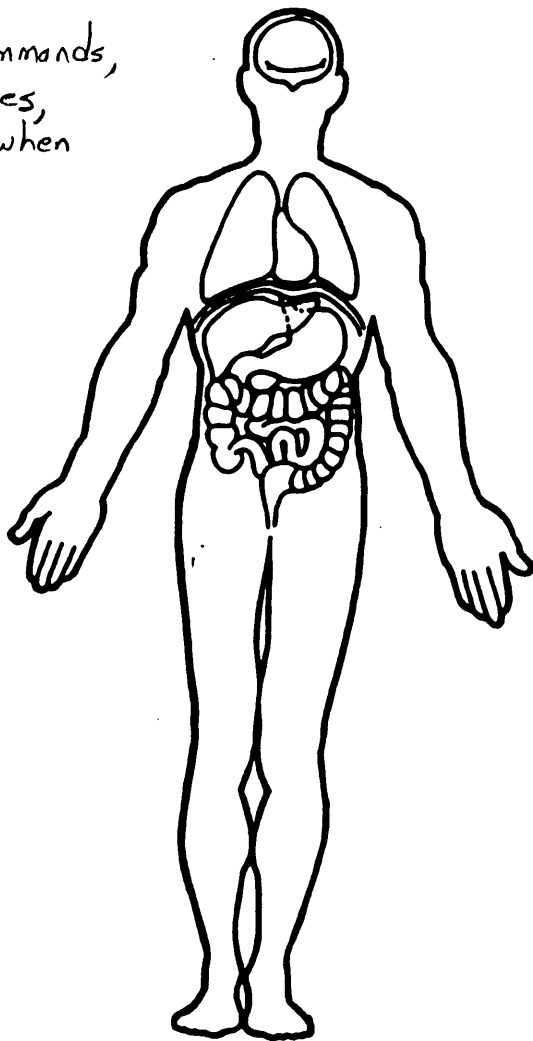
OFFICIAL INJURY DATA — INTERNAL INJURIES

BEST AVAILABLE COPY

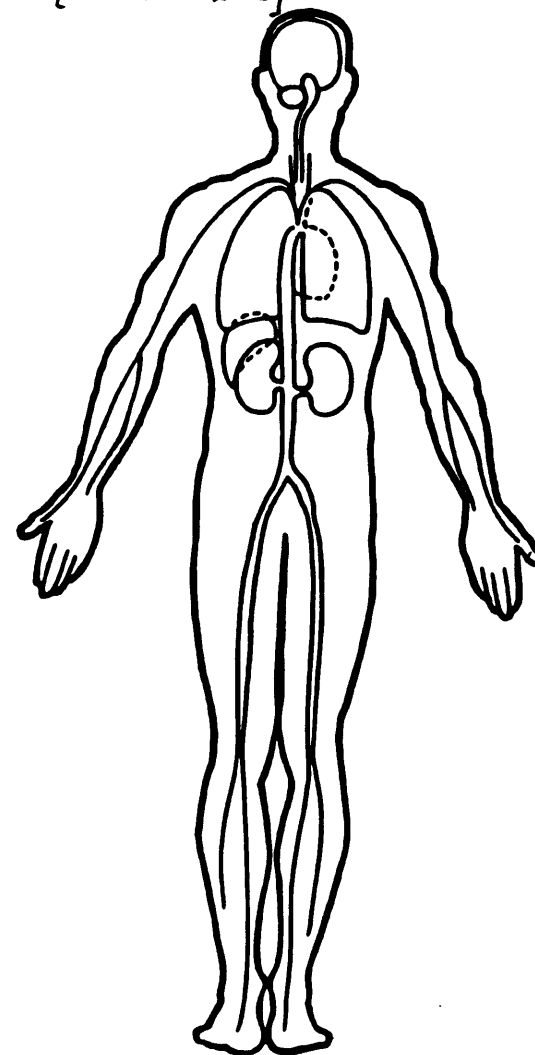
Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

• Conscious and alert on arrival (CEN)

• Obeys commands,
moves eyes,
oriented when
speaking
(CEN)



• Conscious whole time (CEN, HP)
{Denies Loc}



HOSPITAL I/P ROOM # _____

 MR#: _____ ADM: 09 _____ 94 EMER
 AC#: _____ DOB: _____ REL: _____
EMERGENCY RECORD E.R. ROOM # 2

Admission Date/Time <u>9/18/25</u>		Home Phone [REDACTED]	Patient Soc Sec HIC No [REDACTED]
Civil Status <u>M</u>	Sex <u>M</u>	Brought By <u>Private Auto</u>	<input type="checkbox"/> Ambulance
W D SEP	Age <u>4</u>	<input type="checkbox"/> Ambulatory	<input type="checkbox"/> Carried <input checked="" type="checkbox"/> Can <input checked="" type="checkbox"/> W/C
Address [REDACTED]	City [REDACTED]	State <u>WZ</u>	Zip [REDACTED]
Primary Physician [REDACTED]	On Call Physician [REDACTED]	Referral Physician [REDACTED]	ER Physician [REDACTED]
Notified	Notified	Notified	Notified
Response <u>1832 hrs pm</u>	Response <u>1834 hr</u>	Response	Response <u>1835 hrs</u>
Family Notified Time <u>1835 hrs</u>		Patient Belongings <u>2</u>	
Authorizes Notified <input type="checkbox"/> POLICE <input type="checkbox"/> CORONER		Valuables <input type="checkbox"/> SAFE <input checked="" type="checkbox"/> SELF <input type="checkbox"/> RELATIVE <input type="checkbox"/> TO ROOM	
By			

ADMITTING COMPLAINT-ACCIDENT (WHERE-WHEN-HOW)

MVA - Air Bag inflated prior to face & 1° Burns

TREATMENT PRIOR TO ARRIVAL

None

PAST MEDICAL HISTORY LMP N/AAllergies NKA

NURSE ASSESSMENT

S: "I was involved in a car crash. I had my seat belt on and the air bag came out. I have pain to my face. It hurts up here and only here."

Father states: "We were traveling about 30-35 mph, he had his seat belt on and the air bag inflated. His head hit the bag. He was concious the whole time this happened."

O: 8 y/o W ♂ brought in by w/c to the Dept. Conscious and alert to person, Date of Birth and Age. Breathing on his own & B. Breaths, large clear, all lobes, pt denies tenderness to chest upon palpation, abd. has some red marks across abd. it is soft, non-tender. Dis. present all glands, pt able to wiggle toes & d. flex, pt is stable, pt's upper extremities have no trauma, upon inspection of the face there is abrasion on nose on the zygomatic arch at midline and above the Rt + Lt eye. Tenderness to nose and Lt side zygomatic arch, there is no fluid from the nostrils on exam, pupils are equal and react to light and sound in all fields of vision. Pts obeys commands, moves eyes, and is oriented when speaking. Glasgow of 15.

A: Impaired skin integrity } N/A as above n/B as above.
At Risk for Infection

P: Rx Exam, Dr. [REDACTED] page. Report given to him, she stated ERAD to ST, Dr. [REDACTED] notified and Exam, Face cleaned & sutured, respiratory [REDACTED] chest auscultation given and no issues.

E: Pt still responds to commands, moves eyes and is oriented upon disch. Glasgow 15, Father verbalizes understanding of [REDACTED].

MED/IV'S (None ☐) Acetaminophen O.A.

Nurse's Signature

Assisted By

EXT-2

Last Tetanus up to dateCURRENT MEDS Ritalin

VITAL SIGNS CHECKED

TIME	BP	P	R	T
1830	96	18		98.4

Weight 275 lbs Height

Visual Acuity

w/ glasses R L

w/ glasses R

Disposition

☐ Transfer☒ HOME ☐ EXAM ☐ AMA ☐ SURG.☐ ADM ☐ POLICE ☐ CUSTODY ☐ DECEASEDCondition Same Disch. Time 1850

MODE OF DISCHARGE

☐ Wheelchair ☒ Ambulatory☐ Stretcher ☐ CarriedAccompanied By Father

HOSPITAL

EMERGENCY ROOM REPORT

PATIENT:

DATE:

RM#:

ER

94

cc: Dr. [REDACTED]

REPORT

This is an 8 year old male who was brought to the Emergency Room by his father after an auto accident. The patient was belted in and when they had the sudden stop, the air bags inflated. Dad denies any problem, but he is concerned about his son because of redness in his face. Apparently he planted his face in the air bag. He denies any loss of consciousness

On exam, the child is alert and playful and in no acute distress.

HEAD: Examination reveals an abrasion present on the face involving the forehead and maxillary area and nose. This all appears to be very superficial in nature. Pupils equal, round and react to light and accommodation. Extraocular muscles are intact. Conjunctivae are well injected. Ears clear with normal landmarks. The nose is patent and nontender. The oral mucosa is moist, tongue protrudes in the midline. The posterior pharynx not unusually injected.

NECK: Supple with no tenderness, no thyromegaly, carotid bruits or cervical adenopathy.

CHEST: Symmetrical.

HEART: Regular rate and rhythm. No murmurs, thrills or friction rubs.

LUNGS: Clear to auscultation. No rales, rhonchi or wheezing.

ABDOMEN: Soft and nontender. No organs or masses palpable.

EXTREMITIES: Good range of motion. No clubbing, cyanosis or edema. The child ambulates well with no problem.

IMPRESSION: Abrasions to the face.

PLAN: The abrasions were washed, Neosporin ointment was applied. Dad was

Continued

HOSPITAL I/P ROOM # _____

EMERGENCY/RECORD E.R. ROOM # _____

MR#: [REDACTED] ADM [REDACTED] 94 EMERGEN
AC#: [REDACTED] DOB: [REDACTED] /85 REL: [REDACTED]

Admission Date/Time

Home Phone

Patient Soc. Sec./MIC No

L

HISTORY AND PHYSICAL:

Noted

DIAGNOSIS:

Parosmia to face

INITIAL	DOCTOR'S ORDERS	TIME	INITIAL	DOCTOR'S ORDERS	TIME
	<i>Propriety treatment & face</i>				
	<i>R. side</i>				

INSTRUCTIONS TO PATIENTS:

*Propriety treatment & abrasion on face.
Typical for face.*PHYSICIAN'S
SIGNATURE

M.D.

Discharged By:

☐ CHECKOUT INSTRUCTIONS Other Instructions

Patient Signature

The above signed verbalizes understanding of instructions.

MEDICAL RECORDS

EMERGENCY ROOM REPORT CONTINUED....

PATIENT: [REDACTED]

RM#: ER

instructed to apply the Neosporin ointment on a b.i.d. basis and give Tylenol for pain. Followup with the family physician p.r.n.

[REDACTED]

/D.O.

TR: [REDACTED]
DD: [REDACTED] 94
DT: [REDACTED] 94

CLINIC

HISTORY CONTINUATION SHEET

HISTORY NO. [REDACTED]

SHEET NO. 13

NAME [REDACTED]

ADDRESS [REDACTED]

DATE [REDACTED]

RESPONSIBLE PARTY [REDACTED]

AGE [REDACTED] DATE OF BIRTH [REDACTED] SEX M CIVIL STATE [REDACTED]

DATE AND
SIGN NAME

[REDACTED] 94
WT-56 3/4
HT-49 1/4"

Followup of auto accident on [REDACTED] 94.
Father stated that his face was "branded"
by the air bag. Was seen at [REDACTED]
Hospital that time. Did see ointment from
the Emergency room.
Took 1000mg ibuprofen a.m. and 1/2 tab
at noon.
Malligew [REDACTED]

[REDACTED] 94

[REDACTED], # [REDACTED]
Enters for evaluation of a burn to the face from an air bag during
an auto accident on [REDACTED] 94. The patient has no other symptoms
related to the auto accident except for minor discoloration of
the nose and left side of the face close to the temporal area.
The area of discoloration on the nose measures about 1-1/2 to
1 cm. The area of discoloration over the left temporal area
close to the lateral orbit is close to 1-1/4 x 1/2 cm.
ENT otherwise unremarkable.

IMPRESSION - Followup auto accident with discoloration of the
face as the result of mask burn. [REDACTED]

DD: [REDACTED] 94
DT: [REDACTED] 94

Appendix L:

NASS CDS OCCUPANT ASSESSMENT FORM:

VEHICLE #2 DRIVER



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT ASSESSMENT FORM

Form Approved
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

2. Case Number - Stratum

3. Vehicle Number

4. Occupant Number

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

6. Occupant's Sex

(1) Male

(2) Female

(9) Unknown

7. Occupant's Height

Code actual height to the nearest
centimeter.

(999) Unknown

60 inches X 2.54 = 152⁴ centimeters

8. Occupant's Weight

Code actual weight to the nearest
kilogram.

(999) Unknown

110 pounds X .4536 = 49⁸⁹ kilograms

9. Occupant's Role

(1) Driver

(2) Passenger

(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify):

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify):

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify):

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify):

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify):

(99) Unknown

11. Occupant's Posture

(0) Normal posture

Abnormal posture

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with another
occupant or to look out a rear window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in front
of seat

(8) Other abnormal posture (specify):

(9) Unknown

EJECTION/ENTRAPMENT

12. Ejection 0

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area 0

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

14. Ejection Medium 0

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____
- (5) Integral structure
- (8) Other medium (specify): _____
- (9) Unknown

15. Medium Status (Immediately Prior To Impact) 0

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment 0

(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)

- (0) Not entrapped
- (1) Entrapped
- (9) Unknown

RESTRAINT SYSTEM EVALUATION

17. Manual (Active) Belt System Availability 4

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): _____

(9) Unknown _____

18. Manual (Active) Belt System Use 04

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify): _____

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used—type unknown
- (08) Other belt used (specify): _____

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat—type unknown
- (18) Other belt used with child safety seat (specify): _____
- (99) Unknown if belt used

19. Proper Use of Manual (Active) Belts 1

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of manual belt system (specify): _____

(9) Unknown _____

20. Manual (Active) Belt Failure Modes During Accident 1

- (0) No manual belt used
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

(6) Broken retractor

(7) Combination of above (specify): _____

(8) Other manual belt failure (specify): _____

(9) Unknown _____

21. Air Bag System Availability/Function 0

- (0) Not equipped/not available
- (1) Air bag

Non-functional

(2) Air bag disconnected (specify): _____

(3) Air bag not reinstalled _____

(9) Unknown _____

22. Air Bag System Deployment 0

- (0) Not equipped/not available
- (1) Air bag deployed during accident (as a result of impact)
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (9) Unknown

23. Are There Indications of Air Bag System Failure? 0

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): _____
- (9) Unknown

Note: See Variables 44 through 48 (Page 5)
for Information on Automatic Belts

24. Police Reported Restraint Use 4

- (0) None used
- (1) Police did not indicate restraint use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Other or automatic restraint (specify): _____

(8) Restrained, type unknown _____

(9) Police indicated "unknown" _____

HEAD RESTRAINT AND SEAT EVALUATION

25. Head Restraint Type/Damage by Occupant
at This Occupant Position 1

- (0) No head restraints
- (1) Integral—no damage
- (2) Integral—damaged during accident
- (3) Adjustable—no damage
- (4) Adjustable—damaged during accident
- (5) Add-on—no damage
- (6) Add-on—damaged during accident
- (8) Other (specify): _____

(9) Unknown

26. Seat Type (this Occupant Position) 02

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify): _____

(10) Box mounted seat (i.e., van type)

(99) Unknown

27. Seat Performance (this Occupant Position) 1

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed (specify): _____
- (4) Seat track/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): _____

(7) Combination of above (specify): _____

(8) Other (specify): _____

(9) Unknown

CHILD SAFETY SEAT

28. Child Safety Seat Make/Model

(000) No child safety seat

Applicable codes are found in your NASS CDS Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

29. Type of Child Safety Seat

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

30. Child Safety Seat Orientation

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage

32. Child Safety Seat Shield Usage

33. Child Safety Seat Tether Usage

Note: Options below applicable to Variables OA31-OA33.

(00) No child safety seat

Not Designed With Harness/Shield/Tether

(01) After market harness/shield/tether added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market harness/shield/tether added

(09) Unknown if harness/shield/tether added or used

Designed With Harness/Shield/Tether

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES

34. Injury Severity (Police Rating) 1

- (0) O - No injury
(1) C - Possible injury
(2) B - Nonincapacitating injury
(3) A - Incapacitating injury
(4) K - Killed
(5) U - Injury, severity unknown
(6) Died prior to accident
(9) Unknown

35. Treatment - Mortality 6

- (0) No treatment
(1) Fatal
(2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
(4) Transported and released
(5) Treatment at scene - nontransported
(6) Treatment later
(8) Treatment - other (specify):

(9) Unknown

36. Type Of Medical Facility (for Initial Treatment) 5

- (0) Not treated at a medical facility
(1) Trauma center
(2) Hospital
(3) Medical clinic
(4) Physician's office
(5) Treatment later at medical facility
(8) Other (specify):

(9) Unknown

37. Hospital Stay 00

- (00) Not Hospitalized

Code the number of days (up through 60)
that the occupant stayed in hospital.
- (61) 61 days or more
(99) Unknown

38. Working Days Lost 01

- _____
Code the number of days
(up through 60) that the occupant
lost from work due to the accident
(00) No working days lost
(61) 61 days or more
(62) Fatally injured
(97) Not working prior to accident
(99) Unknown

STOP - GO TO VARIABLE 44 ON PAGE 7**VARIABLES 39 THROUGH 43 ARE
COMPLETED BY THE ZONE CENTER**39. Time to Death 00

- _____
Code number of hours from time of
accident to time of death up through 24
hours. If time of death is greater than 24
hours, code number of days. (Note: 1 day =
31, 2 days = 32, ... n days = 30 + n up
through 30 days = 60)
(00) Not fatal
(96) Fatal - ruled disease
(99) Unknown

40. 1st Medically Reported Cause of Death 0041. 2nd Medically Reported Cause of Death 0042. 3rd Medically Reported Cause of Death 00

- _____
Code the Occupant Injury from line
number(s) for the medically reported
injury(s) which reportedly contributed to
this occupant's death
(00) Not fatal or no additional causes
(96) Mode of death given but specific
injuries are not linked to cause
of death. (specify):

(97) Other result (includes fatal ruled
disease) (specify):

(99) Unknown

43. Number of Recorded Injuries for
This Occupant 02

- 2
Code the actual number of
injuries recorded for this occupant.
(00) No recorded injuries
(97) Injured, details unknown
(99) Unknown if injured

AUTOMATIC BELT SYSTEM**44. Automatic (Passive) Belt System Availability/ Function** 0

- (0) Not equipped/not available
 (1) 2 point automatic belts
 (2) 3 point automatic belts
 (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
 (9) Unknown

45. Automatic (Passive) Belt System Use 0

- (0) Not equipped/not available/destroyed or rendered inoperative
 (1) Automatic belt in use
 (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):

- (3) Automatic belt use unknown
 (9) Unknown

46. Automatic (Passive) Belt System Type 0

- (0) Not equipped/not available
 (1) Non-motorized system
 (2) Motorized system
 (9) Unknown

47. Proper Use of Automatic (Passive) Belt System 0

- (0) Not equipped/not available/not used
 (1) Automatic belt used properly
 (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
 (4) Automatic shoulder belt worn behind back
 (5) Automatic belt worn around more than one person
 (6) Lap portion of automatic belt worn on abdomen
 (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):

- (8) Other improper use of automatic belt system (specify):

 (9) Unknown

48. Automatic (Passive) Belt Failure Modes During Accident 0

- (0) Not equipped/not available/not in use
 (1) No automatic belt failure(s)
 (2) Torn webbing (stretched webbing not included)
 (3) Broken buckle or latchplate
 (4) Upper anchorage separated
 (5) Other anchorage separated (specify):

 (6) Broken retractor
 (7) Combination of above (specify):
 (8) Other automatic belt failure (specify):

 (9) Unknown

49. Seat Orientation (this Occupant Position) 1

- (0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify):

 (9) Unknown

Check the Primary Source Used In Determining Belt Use.

- [] Not equipped/not available/destroyed or rendered inoperative
 [x] Vehicle inspection
 [] Official injury data
 [] Driver/occupant interview
 [] Other (specify):

- [] Unknown if belt used

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED WITH INITIAL SUBMISSION?

NO [] YES [x]

UPDATE CANDIDATE?

NO [x] YES []

STOP - VARIABLES 50 THROUGH 53 ARE COMPLETED BY THE ZONE CENTER**TRAUMA DATA**

50. Glasgow Coma Scale (GCS) Score 15
(at Medical Facility)
(00) Not injured
(01) Injured - not treated at medical facility
(02) No GCS Score at medical facility
(03-15) Code the actual value of the initial GCS Score recorded at medical facility.
(97) Injured, details unknown
(99) Unknown if injured
51. Was the Occupant Given Blood? 1
(1) No - blood not given
(2) Yes - blood given
(specify units): _____
(9) Unknown if blood given
52. Arterial Blood Gases (ABG) - HCO_3 01
(00) Not injured
(01) Injured, ABGs not measured or reported
(02-50) Code the actual value of the HCO_3
(96) ABGs reported, HCO_3 unknown
(97) Injured, details unknown
(99) Unknown if injured

BELT USE DETERMINATION

53. Primary Source of Belt Use Determination 1
(0) Not equipped/not available/destroyed or rendered inoperative
(1) Vehicle inspection
(2) Official injury data
(3) Driver/occupant interview
(8) Other (specify): _____
(9) Unknown if belt used

Appendix M:

NASS CDS OCCUPANT INJURY FORM:

VEHICLE #2 DRIVER



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT INJURY FORM

Form Approved
O.M.B. No. 2127-0021
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

10
9416

3. Vehicle Number

02

2. Case Number - Stratum

4. Occupant Number

01

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

	Source of Injury Data	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number
1st	5. <u>3</u>	6. <u>6</u>	7. <u>4</u>	8. <u>02</u>	9. <u>78</u>	10. <u>1</u>	11. <u>6</u>	12. <u>92</u>	13. <u>2</u>	14. <u>3</u>	15. <u>00</u>
2nd	16. <u>7</u>	17. <u>8</u>	18. <u>9</u>	19. <u>06</u>	20. <u>02</u>	21. <u>1</u>	22. <u>2</u>	23. <u>09</u>	24. <u>1</u>	25. <u>1</u>	26. <u>06</u>
3rd	27. <u> </u>	28. <u> </u>	29. <u> </u>	30. <u> </u>	31. <u> </u>	32. <u> </u>	33. <u> </u>	34. <u> </u>	35. <u> </u>	36. <u> </u>	37. <u> </u>
4th	38. <u> </u>	39. <u> </u>	40. <u> </u>	41. <u> </u>	42. <u> </u>	43. <u> </u>	44. <u> </u>	45. <u> </u>	46. <u> </u>	47. <u> </u>	48. <u> </u>
5th	49. <u> </u>	50. <u> </u>	51. <u> </u>	52. <u> </u>	53. <u> </u>	54. <u> </u>	55. <u> </u>	56. <u> </u>	57. <u> </u>	58. <u> </u>	59. <u> </u>
6th	60. <u> </u>	61. <u> </u>	62. <u> </u>	63. <u> </u>	64. <u> </u>	65. <u> </u>	66. <u> </u>	67. <u> </u>	68. <u> </u>	69. <u> </u>	70. <u> </u>
7th	71. <u> </u>	72. <u> </u>	73. <u> </u>	74. <u> </u>	75. <u> </u>	76. <u> </u>	77. <u> </u>	78. <u> </u>	79. <u> </u>	80. <u> </u>	81. <u> </u>
8th	82. <u> </u>	83. <u> </u>	84. <u> </u>	85. <u> </u>	86. <u> </u>	87. <u> </u>	88. <u> </u>	89. <u> </u>	90. <u> </u>	91. <u> </u>	92. <u> </u>
9th	93. <u> </u>	94. <u> </u>	95. <u> </u>	96. <u> </u>	97. <u> </u>	98. <u> </u>	99. <u> </u>	100. <u> </u>	101. <u> </u>	102. <u> </u>	103. <u> </u>
10th	104. <u> </u>	105. <u> </u>	106. <u> </u>	107. <u> </u>	108. <u> </u>	109. <u> </u>	110. <u> </u>	111. <u> </u>	112. <u> </u>	113. <u> </u>	114. <u> </u>

OCCUPANT INJURY DATA

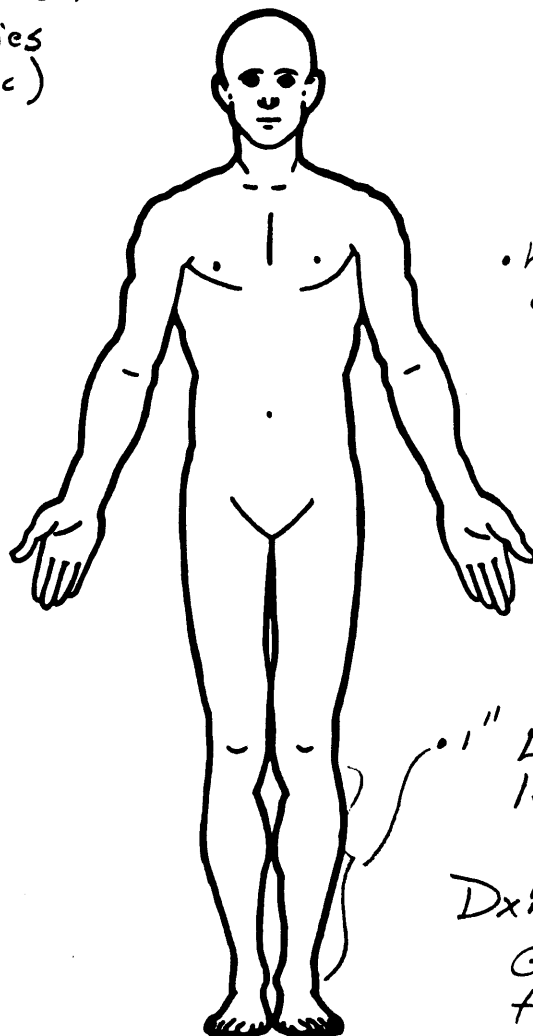
		<u>A.I.S. - 90</u>						Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number
	Source of Injury Data	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source		
11th	---	---	---	----	----	--	-	----	--	-----
12th	---	---	---	----	----	--	-	----	--	-----
13th	---	---	---	----	----	--	-	----	--	-----
14th	---	---	---	----	----	--	-	----	--	-----
15th	---	---	---	----	----	--	-	----	--	-----
16th	---	---	---	----	----	--	-	----	--	-----
17th	---	---	---	----	----	--	-	----	--	-----
18th	---	---	---	----	----	--	-	----	--	-----
19th	---	---	---	----	----	--	-	----	--	-----
20th	---	---	---	----	----	--	-	----	--	-----
21st	---	---	---	----	----	--	-	----	--	-----
22nd	---	---	---	----	----	--	-	----	--	-----
23rd	---	---	---	----	----	--	-	----	--	-----
24th	---	---	---	----	----	--	-	----	--	-----
25th	---	---	---	----	----	--	-	----	--	-----

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

- Denies significant bruising or lacerations (clinic)

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

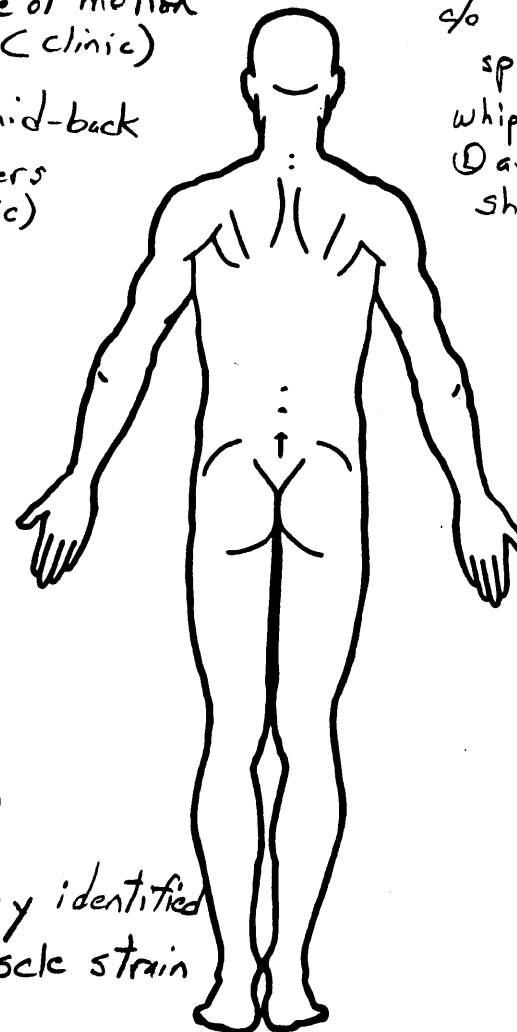
- Full Rom all extremities (clinic)



- Neck supple, full range of motion (clinic)

c/o pain: mid-back neck + shoulders (clinic)

- hurts with deep breathing (clinic)



c/o pain all along spine, neck pain, whiplash, sprain ① arm + ② shoulder (clinic)

Dx: No pathology identified
Generalized muscle strain from MVA

SOURCE OF INJURY DATA**OFFICIAL**

- (1) Autopsy records with or without hospital/medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): _____
- (9) Police

INJURY SOURCE**FRONT**

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (16) Driver side air bag compartment cover
- (17) Passenger side air bag compartment cover
- (18) Windshield reinforced by exterior object (specify): _____
- (19) Other front object (specify): _____

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A (A1/A2)-pillar
- (23) Left B-pillar
- (24) Other left pillar (specify): _____

- (25) Left side window glass or frame
- (26) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (27) Other left side object (specify): _____

- (28) Left side window sill

RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A (A1/A2)-pillar
- (33) Right B-pillar
- (34) Other right pillar (specify): _____

- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (37) Other right side object (specify): _____

- (38) Right side window sill

INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar or door frame attachment point
- (43) Other restraint system component (specify): _____
- (44) Head restraint system
- (45) Air bag (use codes "16" and "17" for injuries sustained from air bag compartment covers)
- (46) Other occupants (specify): _____
- (47) Interior loose objects
- (48) Child safety seat (specify): _____
- (49) Other interior object (specify): _____

ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

FLOOR

- (56) Floor (including toe pan)
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

REAR

- (60) Backlight (rear window)

- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify): _____

EXTERIOR OF OCCUPANT'S VEHICLE

- (65) Hood
- (66) Outside hardware (e.g., outside mirror, antenna)
- (67) Other exterior surface or tires (specify): _____
- (68) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

- (70) Front bumper
- (71) Hood edge
- (72) Other front of vehicle (specify): _____

- (73) Hood
- (74) Hood ornament
- (75) Windshield, roof rail, A-pillar
- (76) Side surface
- (77) Side mirrors
- (78) Other side protrusions (specify): _____

- (79) Rear surface
- (80) Undercarriage
- (81) Tires and wheels
- (82) Other exterior of other motor vehicle (specify): _____

- (83) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (84) Ground
- (85) Other vehicle or object (specify): _____
- (86) Unknown vehicle or object

NONCONTACT INJURY

- (90) Fire in vehicle
- (91) Flying glass
- (92) Other noncontact injury source (specify): _____
- (93) Air bag exhaust gases
- (97) Injured, unknown source

INJURY SOURCE CONFIDENCE LEVEL

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

DIRECT/INDIRECT INJURY

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

OCCUPANT INJURY CLASSIFICATION**Body Region**

- (1) Head
- (2) Face
- (3) Neck
- (4) Thorax
- (5) Abdomen
- (6) Spine
- (7) Upper Extremity
- (8) Lower Extremity
- (9) Unspecified

Type of Anatomic Structure

- (1) Whole Area
- (2) Vessels
- (3) Nerves
- (4) Organs (includes muscles/ligaments)
- (5) Skeletal (includes joints)
- (6) Head - LOC
- (9) Skin

Specific Anatomic Structure**Whole Area**

- (02) Skin - Abrasion
- (04) Skin - Contusion
- (06) Skin - Laceration
- (08) Skin - Avulsion
- (10) Amputation
- (20) Burn
- (30) Crush
- (40) Degloving
- (50) Injury - NFS
- (90) Trauma, other than mechanical

Head - LOC

- (02) Length of LOC
- (04, 06, 08) Level of Consciousness
- (10) Concussion

Spine

- (02) Cervical
- (04) Thoracic
- (06) Lumbar

Vessels, Nerves, Organs, Bones,

Joints are assigned consecutive two digit numbers beginning with 02

Level of Injury

Specific injuries are assigned consecutive two-digit numbers beginning with 02.

To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.

Abbreviated Injury Scale

- (1) Minor injury
- (2) Moderate injury
- (3) Serious injury
- (4) Severe injury
- (5) Critical injury
- (6) Maximum (untreatable)
- (7) Injured, unknown severity

Aspect

- (1) Right
- (2) Left
- (3) Bilateral
- (4) Central
- (5) Anterior
- (6) Posterior
- (7) Superior
- (8) Inferior
- (9) Unknown
- (0) Whole region

OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

___ No

___ Yes

Blood Alcohol
Level (mg/dl)

BAL = ___

Glasgow Coma
Scale Score

GCSS = 15
(clinic)

Units of Blood
Given

Units = ___

Arterial Blood
Gases

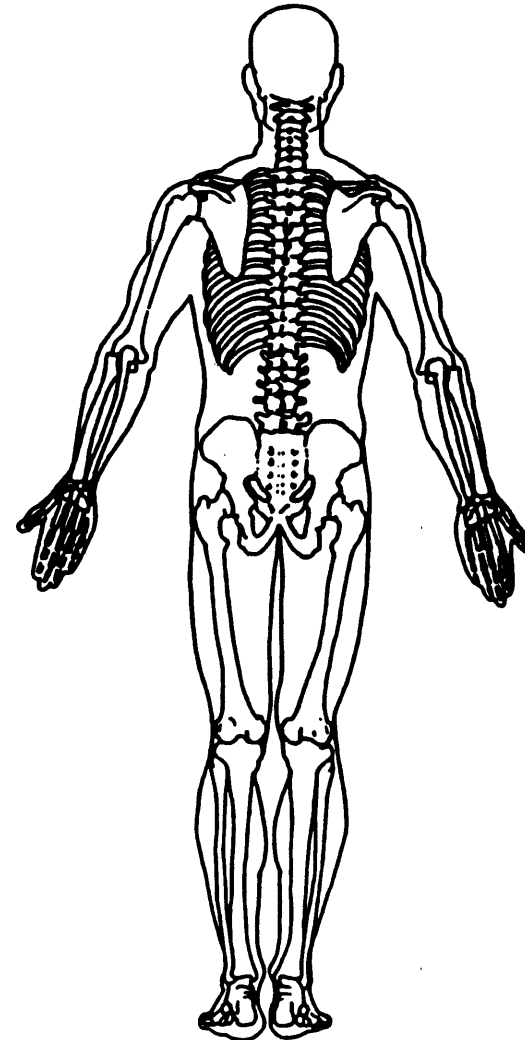
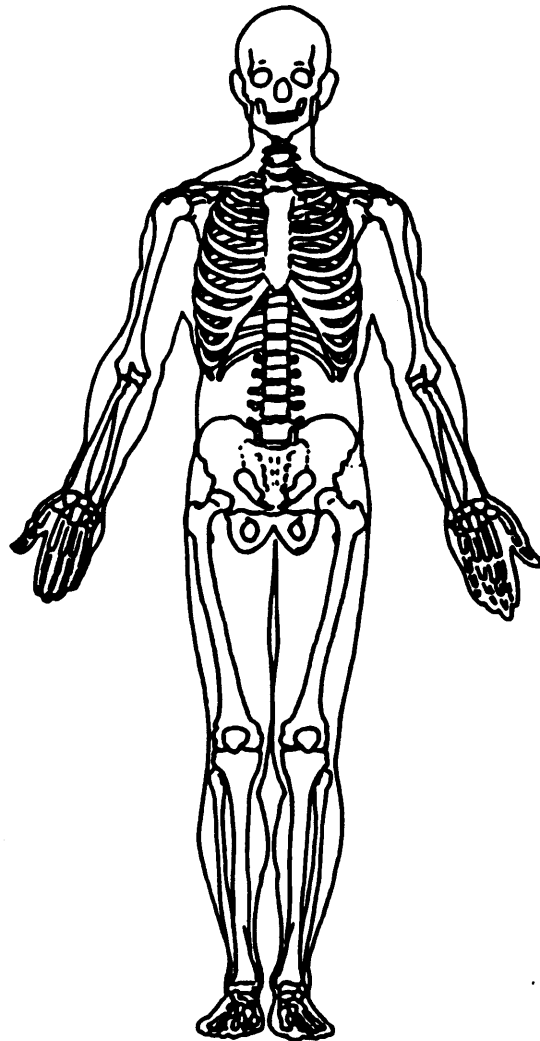
pH = ___

PO₂ = ___

PCO₂ = ___

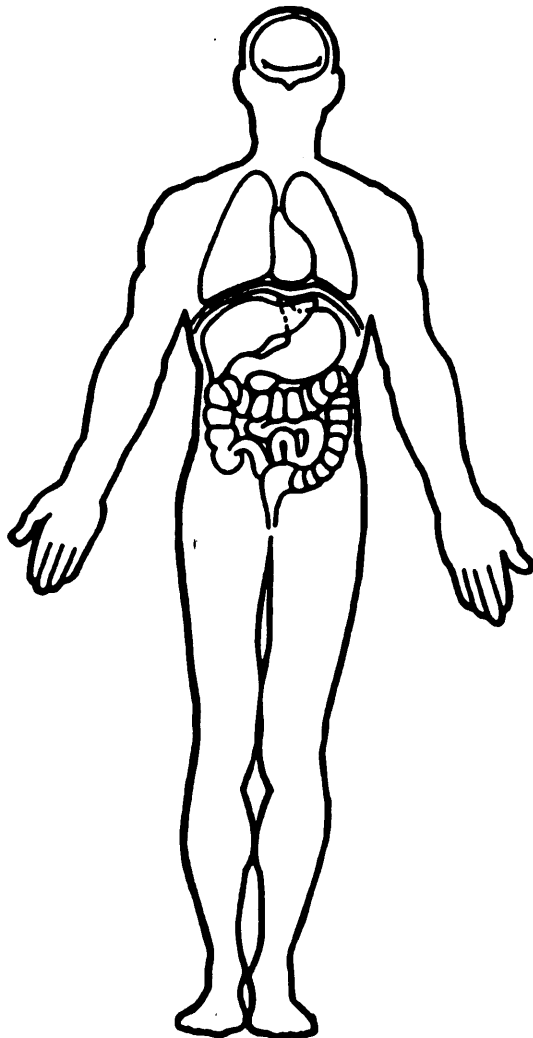
HCO₃ = ___

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

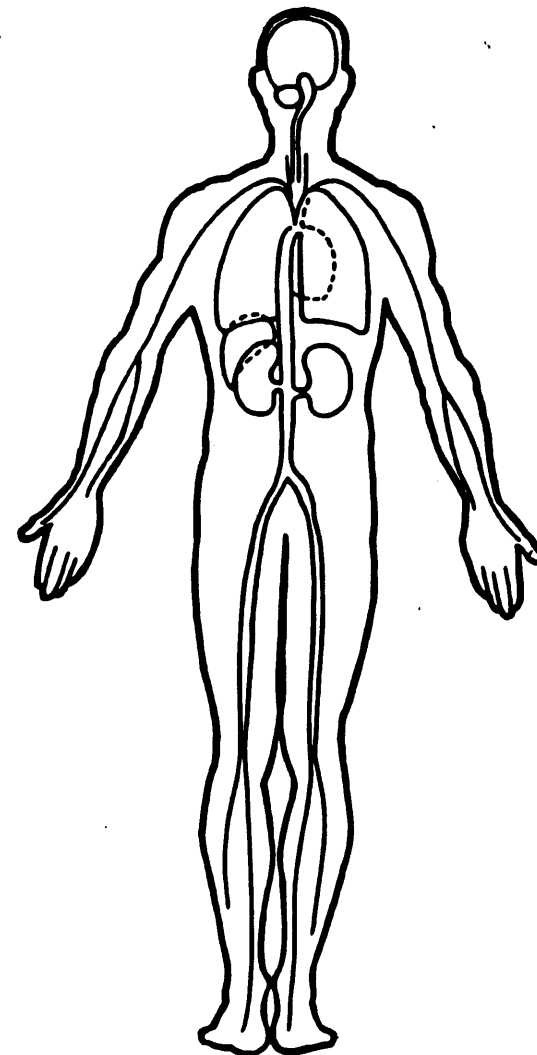


OFFICIAL INJURY DATA — INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



Denies LOC
C clinic



Clinic
[REDACTED]
Wisconsin
Telephone [REDACTED]

Flight Physicals
Evening Hours

PATIENT REGISTRATION

PATIENT NAME [REDACTED] DATE OF BIRTH [REDACTED]
STREET ADDRESS [REDACTED] P.O. BOX [REDACTED]
CITY/STATE [REDACTED] WI ZIP [REDACTED] MARITAL STATUS ☒ M ☐ W ☐ SEP ☐ D
TELEPHONE NUMBER () [REDACTED] SOCIAL SECURITY NUMBER [REDACTED]
SPOUSE OR PARENTS NAME [REDACTED] PHONE [REDACTED]
RELATIVE (other than spouse) [REDACTED] PHONE [REDACTED]
RELATIVE'S ADDRESS [REDACTED]

INSURANCE INFORMATION-

MEDICARE () YES () NO NUMBERS [REDACTED]

MEDICAL ASSISTANCE () YES () NO PLEASE PRESENT CARD

OTHER INSURANCE -

NAME OF COMPANY [REDACTED]

COMPANY ADDRESS [REDACTED] WI

NUMBERS- [REDACTED] GROUP NUMBER [REDACTED]

PATIENT'S EMPLOYER

EMPLOYER NAME self PHONE [REDACTED]

EMPLOYER'S ADDRESS [REDACTED]

SPOUSE OR PARENTS EMPLOYER

EMPLOYER NAME [REDACTED] PHONE [REDACTED]

EMPLOYER'S ADDRESS [REDACTED]

IF PATIENT IS NOT RESPONSIBLE FOR THE BILL, PLEASE INDICATE WHO IS RESPONSIBLE.

NAME [REDACTED] PHONE [REDACTED]

ADDRESS [REDACTED] WI [REDACTED]

RELATIONSHIP TO PATIENT Father WORK PHONE [REDACTED]

SIGNATURE OF PATIENT OR LEGAL GUARDIAN [REDACTED]

DATE COMPLETED [REDACTED] - 92

THANK YOU!

Fa: [REDACTED] Mo: [REDACTED]

NKAPhone: [REDACTED]
DOB: [REDACTED] / 8-93

GALLBLADDER ULTRASOUND: The gallbladder is well visualized with no evidence of calculi. Common hepatic duct is of normal intraluminal dimension. Hepatic parenchyma, pancreas and right kidney are within normal limits.

CONCLUSION: 1. No abnormality note.

DATE: [REDACTED] -93
AGE: 17
HT: [REDACTED] WT: [REDACTED]
BP: [REDACTED] PULSE: [REDACTED]

Hit in back of Rt Heel to cart in class
at school in [REDACTED], was [REDACTED]
Small lacer to Heel are across tender

The pt. whose last tetanus shot is not known was at school today when she was hit in the back of the right heel by a shop cart suffering a superficial laceration about 1 1/2 cm. in length horizontally over the back of the right heel. There is some associated contusion. Does not affect the achilles tendon and [REDACTED] has good ROM of the foot. Excellent pulses and intact sensation. The area has been scrubbed with betadine. Appears to be clean. Is covered with neosporin and bandaids which may be changed on a daily basis.

She is given a note stating she may return to school She is not in Phy. Ed. She is given a Td adult injection. I suggested wearing socks but no shoes and sandals to avoid pressure over this area for the next week.

She should soak it in warm water twice a day for 15 minutes for the next 3 days.

Should follow up prn if there are any signs or symptoms of infection.

DATE: [REDACTED] -94
AGE: 17
HT: 60 WT: 112
BP: 118/86 PULSE: 68

MVA on [REDACTED] -94 - now 1/2 back (mid), neck &
shoulders ache - hurts to deep breathing.

AMP: (period started today)

No LOC

[REDACTED] is seen today for the evaluation of generalized aches and pain following a motor vehicle accident yesterday. She complains of back pain all along the spine, neck pain, whip lash, sprain to the left arm and right shoulder. She denies any fever, chills, anorexia, GI symptoms, significant bruising or lacerations. She denied any loss of consciousness.

PE: HEENT: TM's clear. Throat clear. PERLA. EOM's intact. Neck supple. No cervical adenopathy. Thyroid not enlarged. Lungs were clear. The heart had a regular rhythm. No murmurs or gallups. No rebound or guarding. There is no pain to percussion over the lumbosacral spine. She had full range of motion of the cervical spine and all extremities.

IMPRESSION: No pathology identified. Generalized muscle strain from previous MVA.

PLAN: Reassurance. Equagesic one tid for two to three days. Heat to painful areas and return Monday if there is no improvement for further diagnostic studies.

Appendix N:

NASS CDS OCCUPANT ASSESSMENT FORM:

VEHICLE #2 PASSENGER



OCCUPANT ASSESSMENT FORM

OCCUPANT'S SEATING	
1. Primary Sampling Unit Number <u>10</u>	10. Occupant's Seat Position <u>13</u>
2. Case Number - Stratum <u>9416</u>	Front Seat
3. Vehicle Number <u>02</u>	(11) Left side
4. Occupant Number <u>02</u>	(12) Middle
(13) Right side	
(14) Other (specify): _____	
(15) On or in the lap of another occupant	
Second Seat	
(21) Left side	
(22) Middle	
(23) Right side	
(24) Other (specify): _____	
(25) On or in the lap of another occupant	
Third Seat	
(31) Left side	
(32) Middle	
(33) Right side	
(34) Other (specify): _____	
(35) On or in the lap of another occupant	
Fourth Seat	
(41) Left side	
(42) Middle	
(43) Right side	
(44) Other (specify): _____	
(45) On or in the lap of another occupant	
(97) In or on unenclosed area	
(98) Other seat (specify): _____	
(99) Unknown	
11. Occupant's Posture <u>0</u>	
(0) Normal posture	
Abnormal posture	
(1) Kneeling or standing on seat	
(2) Lying on or across seat	
(3) Kneeling, standing or sitting in front of seat	
(4) Sitting sideways or turned to talk with another occupant or to look out a rear window	
(5) Sitting on a console	
(6) Lying back in a reclined seat position	
(7) Bracing with feet or hands on a surface in front of seat	
(8) Other abnormal posture (specify): _____	
(9) Unknown	

OCCUPANT'S CHARACTERISTICS	
5. Occupant's Age <u>12</u>	
Code actual age at time of accident.	
(00) Less than one year old (specify by month):	
<u>Interview</u>	
(97) 97 years and older	
(99) Unknown	
6. Occupant's Sex <u>1</u>	
(1) Male	
(2) Female	
(9) Unknown	
7. Occupant's Height <u>145</u>	
Code actual height to the nearest centimeter.	
(999) Unknown	
<u>57</u> inches X 2.54 = <u>145</u> centimeters	
8. Occupant's Weight <u>041</u>	
Code actual weight to the nearest kilogram.	
(999) Unknown	
<u>90</u> pounds X .4536 = <u>41</u> kilograms	
9. Occupant's Role <u>2</u>	
(1) Driver	
(2) Passenger	
(9) Unknown	

EJECTION/ENTRAPMENT

12. Ejection 0

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area 0

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

14. Ejection Medium 0

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____
- (5) Integral structure
- (8) Other medium (specify): _____
- (9) Unknown

15. Medium Status (Immediately Prior To Impact) 0

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment 0

(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)

- (0) Not entrapped
- (1) Entrapped
- (9) Unknown

RESTRAINT SYSTEM EVALUATION

17. Manual (Active) Belt System Availability 4

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): _____

(9) Unknown _____

18. Manual (Active) Belt System Use 04

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify): _____

(02) Shoulder belt _____

(03) Lap belt _____

(04) Lap and shoulder belt _____

(05) Belt used—type unknown _____

(08) Other belt used (specify): _____

(12) Shoulder belt used with child safety seat _____

(13) Lap belt used with child safety seat _____

(14) Lap and shoulder belt used with child safety seat _____

(15) Belt used with child safety seat—type unknown _____

(18) Other belt used with child safety seat (specify): _____

(99) Unknown if belt used _____

19. Proper Use of Manual (Active) Belts 1

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of manual belt system (specify): _____

(9) Unknown _____

20. Manual (Active) Belt Failure Modes During Accident 1

- (0) No manual belt used
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

(6) Broken retractor _____

(7) Combination of above (specify): _____

(8) Other manual belt failure (specify): _____

(9) Unknown _____

21. Air Bag System Availability/Function 0

- (0) Not equipped/not available
- (1) Air bag

Non-functional

(2) Air bag disconnected (specify): _____

(3) Air bag not reinstalled _____

(9) Unknown _____

22. Air Bag System Deployment 0

- (0) Not equipped/not available
- (1) Air bag deployed during accident (as a result of impact)
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (9) Unknown

23. Are There Indications of Air Bag System Failure? 0

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): _____

(9) Unknown _____

Note: See Variables 44 through 48 (Page 5) for information on Automatic Belts

24. Police Reported Restraint Use 4

- (0) None used
- (1) Police did not indicate restraint use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Other or automatic restraint (specify): _____

(8) Restrained, type unknown _____

(9) Police indicated "unknown"

HEAD RESTRAINT AND SEAT EVALUATION

25. Head Restraint Type/Damage by Occupant
at This Occupant Position1

- (0) No head restraints
- (1) Integral—no damage
- (2) Integral—damaged during accident
- (3) Adjustable—no damage
- (4) Adjustable—damaged during accident
- (5) Add-on—no damage
- (6) Add-on—damaged during accident
- (8) Other (specify): _____
- (9) Unknown

26. Seat Type (this Occupant Position)

02

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify): _____
- (10) Box mounted seat (i.e., van type)
- (99) Unknown

27. Seat Performance (this Occupant Position)

1

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed (specify): _____
- (4) Seat track/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): _____
- (7) Combination of above (specify): _____
- (8) Other (specify): _____
- (9) Unknown

CHILD SAFETY SEAT

28. Child Safety Seat Make/Model 0 0 0

(000) No child safety seat

Applicable codes are found in your NASS CDS
Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

29. Type of Child Safety Seat 0

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

30. Child Safety Seat Orientation 0 0

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

*Unknown Design or Orientation For This
Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage 0 032. Child Safety Seat Shield Usage 0 033. Child Safety Seat Tether Usage 0 0Note: Options below applicable to
Variables OA31-OA33.

(00) No child safety seat

Not Designed With Harness/Shield/Tether(01) After market harness/shield/tether
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market
harness/shield/tether added(09) Unknown if harness/shield/tether
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES

34. Injury Severity (Police Rating) 0

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

35. Treatment - Mortality 0

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (8) Treatment - other (specify):

- (9) Unknown

36. Type Of Medical Facility (for Initial Treatment) 0

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

- (9) Unknown

37. Hospital Stay 00

- (00) Not Hospitalized
- _____ Code the number of days (up through 60) that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

38. Working Days Lost 00

- _____ Code the number of days (up through 60) that the occupant lost from work due to the accident.
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

STOP - GO TO VARIABLE 44 ON PAGE 7**VARIABLES 39 THROUGH 43 ARE COMPLETED BY THE ZONE CENTER**39. Time to Death 00

- _____ Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)
- (00) Not fatal
- (96) Fatal - ruled disease
- (99) Unknown

40. 1st Medically Reported Cause of Death 0041. 2nd Medically Reported Cause of Death 0042. 3rd Medically Reported Cause of Death 00

- _____ Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
- (00) Not fatal or no additional causes
- (96) Mode of death given but specific injuries are not linked to cause of death. (specify):

- (97) Other result (includes fatal ruled disease) (specify):

- (99) Unknown

43. Number of Recorded Injuries for This Occupant 00

- _____ Code the actual number of injuries recorded for this occupant.
- (00) No recorded injuries
- (97) Injured, details unknown
- (99) Unknown if injured

AUTOMATIC BELT SYSTEM**44. Automatic (Passive) Belt System Availability/ Function** 0

- (0) Not equipped/not available
 (1) 2 point automatic belts
 (2) 3 point automatic belts
 (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
 (9) Unknown

45. Automatic (Passive) Belt System Use 0

- (0) Not equipped/not available/destroyed or rendered inoperative
 (1) Automatic belt in use
 (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):

- (3) Automatic belt use unknown
 (9) Unknown

46. Automatic (Passive) Belt System Type 0

- (0) Not equipped/not available
 (1) Non-motorized system
 (2) Motorized system
 (9) Unknown

47. Proper Use of Automatic (Passive) Belt System 0

- (0) Not equipped/not available/not used
 (1) Automatic belt used properly
 (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
 (4) Automatic shoulder belt worn behind back
 (5) Automatic belt worn around more than one person
 (6) Lap portion of automatic belt worn on abdomen
 (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):

- (8) Other improper use of automatic belt system (specify):

 (9) Unknown

48. Automatic (Passive) Belt Failure Modes During Accident 0

- (0) Not equipped/not available/not in use
 (1) No automatic belt failure(s)
 (2) Torn webbing (stretched webbing not included)
 (3) Broken buckle or latchplate
 (4) Upper anchorage separated
 (5) Other anchorage separated (specify):

 (6) Broken retractor
 (7) Combination of above (specify):
 (8) Other automatic belt failure (specify):

 (9) Unknown

49. Seat Orientation (this Occupant Position) 1

- (0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify):

 (9) Unknown

Check the Primary Source Used In Determining Belt Use.

- [] Not equipped/not available/destroyed or rendered inoperative
☒ Vehicle inspection
 [] Official injury data
 [] Driver/occupant interview
 [] Other (specify):

- [] Unknown if belt used

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED WITH INITIAL SUBMISSION?

NO [] YES ☒

UPDATE CANDIDATE?

NO ☒ YES []

STOP - VARIABLES 50 THROUGH 53 ARE COMPLETED BY THE ZONE CENTER**TRAUMA DATA**

50. Glasgow Coma Scale (GCS) Score 00
(at Medical Facility)
(00) Not injured
(01) Injured - not treated at medical facility
(02) No GCS Score at medical facility
(03-15) Code the actual value of the initial GCS Score recorded at medical facility.
(97) Injured, details unknown
(99) Unknown if injured
51. Was the Occupant Given Blood? 1
(1) No - blood not given
(2) Yes - blood given
(specify units): _____
(9) Unknown if blood given
52. Arterial Blood Gases (ABG) - HCO_3 00
(00) Not injured
(01) Injured, ABGs not measured or reported
(02-50) Code the actual value of the HCO_3
(96) ABGs reported, HCO_3 unknown
(97) Injured, details unknown
(99) Unknown if injured

BELT USE DETERMINATION

53. Primary Source of Belt Use Determination 1
(0) Not equipped/not available/destroyed or rendered inoperative
(1) Vehicle inspection
(2) Official injury data
(3) Driver/occupant interview
(8) Other (specify): _____
(9) Unknown if belt used

TRANSPORTATION RESEARCH CENTER

Indiana University
[REDACTED]

ON-SITE AIR BAG FIRE INVESTIGATION

SELECTED PHOTOGRAPHS

CASE NO. - 94-16

FLEET - PRIVATE VEHICLE

LOCATION - [REDACTED] Wisconsin

ACCIDENT DATE - [REDACTED] 1994

A total of seventy-eight color copies of photographs are presented and referenced as Photograph #01 through Photograph #78. All of these photographs were taken by the Transportation Research Center.

[REDACTED] 1994

Contract Number: [REDACTED]

Prepared for:

**U.S. Department of Transportation
National Highway Traffic Safety Administration
National Center for Statistics and Analysis
Washington, D.C. 20590**



01 -- 1995 Plymouth Neon's southward downhill travel path approximately 65 meters north of intersection



02 -- 1995 Plymouth Neon's southward downhill travel path approximately 25 meters north of intersection



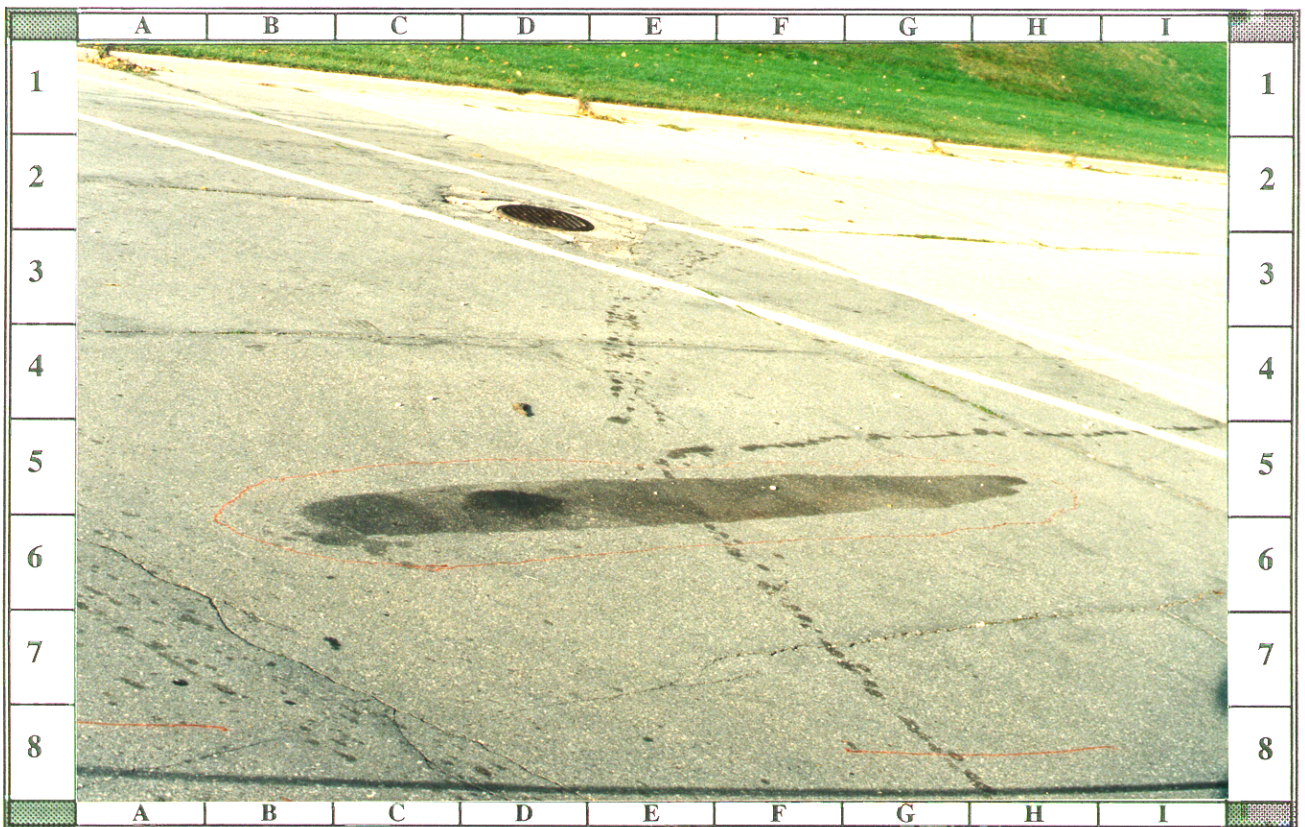
03 -- 1995 Plymouth Neon's southward downhill travel path just prior to intersection; NOTE: south leg angles south-southeast



04 -- 1995 Plymouth Neon's south-southeastward downhill travel path ~ five meters north of initial impact with 1986 Dodge Omni



05 -- 1995 Plymouth Neon's southeastward, post-impact, travel path to spill (cells D6--D7) at final rest; NOTE: Omni's RF scuff



06 -- Close-up of 1995 Plymouth Neon's radiator spill at area of final rest--looking northeast



07 -- Northward view of 1995 Plymouth Neon's southward path of travel
from area of impact; NOTE: approach slope is approximately 4.7%



08 -- 1986 Dodge Omni's eastward downhill travel path approximately 65
meters west of intersection



09 -- 1986 Dodge Omni's eastward downhill travel path approximately 25 meters west of intersection



10 -- 1986 Dodge Omni's eastward downhill travel path approximately 5 meters west of intersection



11 -- 1986 Dodge Omni's right front deflection/scuff mark post-impact looking east-southeast; NOTE: 1995 Neon's spill (cells D4--E4)



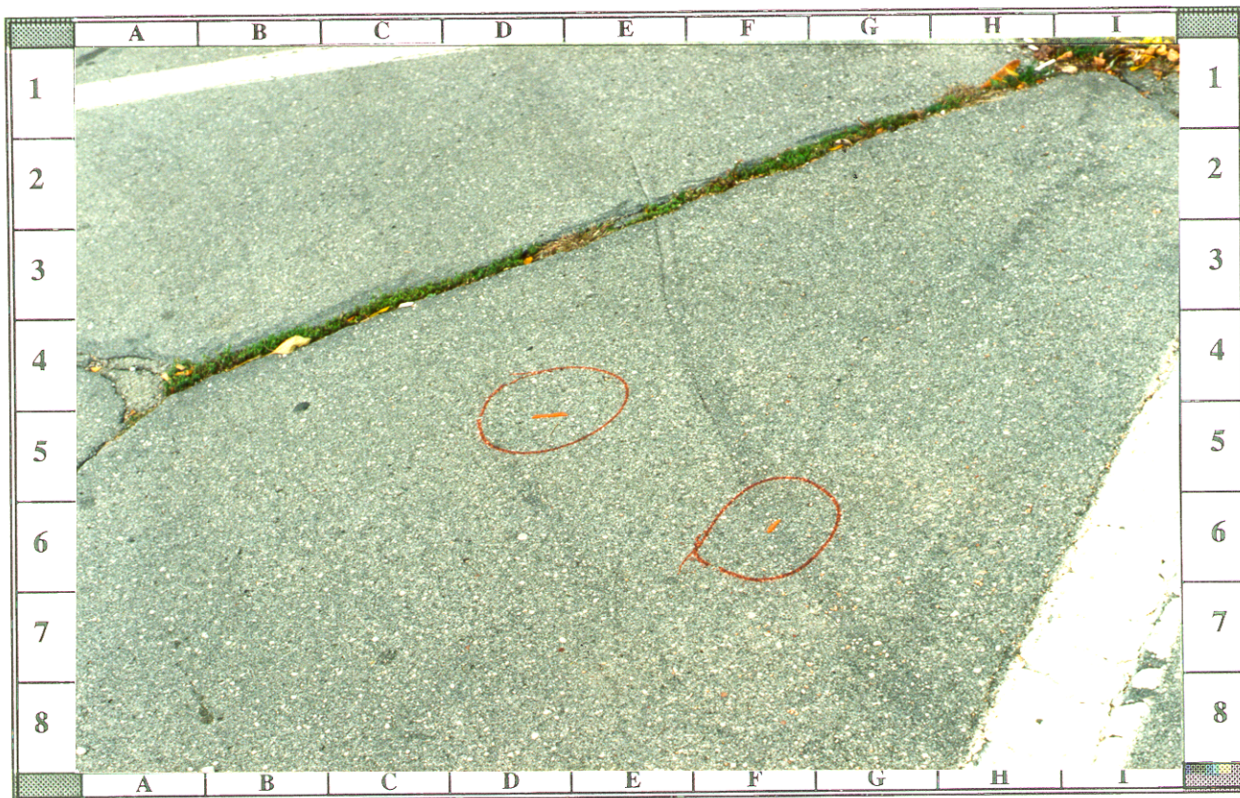
12 -- Close-up of 1986 Dodge Omni's right front deflection point & SE post-impact travel path; NOTE: 1995 Neon's spill (cells B3--D3)



13 -- Close-up of 1986 Dodge Omni's right front scuff mark & southeast post-impact travel path; NOTE: 1995 Neon's spill (cells B2--C3)



14 -- Close-up of end of 1986 Dodge Omni's right front scuff mark near final rest--looking east-southeast



15 -- Close-up of amber turn signal debris most likely from 1995 Plymouth Neon--looking north-northeast; NOTE: spurious tire marks



16 -- Westward view of 1986 Dodge Omni's eastward path of travel from area of final rest; NOTE: approach slope is approximately 9.0%



17 -- West-northwest view of 1986 Dodge Omni's right front scuff mark & southeast path from point of deflection (cell D3) toward rest



18 -- 1995 Plymouth Neon's frontal damage with contour guage present; viewed from front



19 --- Close-up of direct damage to '95 Plymouth Neon's front bumper, hood, and right headlight assembly



20 --- Closer-up of end of direct damage to 1995 Plymouth Neon's front bumper; NOTE: induced damage to left headlight assembly



21 -- 1995 Plymouth Neon's frontal damage with contour gauge present; viewed from front left



22 -- Overhead view of '95 Plymouth Neon's frontal damage with contour gauge present; viewed from front



23 --- 1995 Plymouth Neon's frontal damage with contour guage present; viewed across front from left; NOTE: induced damage to hood



24 --- 1995 Plymouth Neon's left side viewed along left side from front; NOTE: induced damage to left headlight assembly



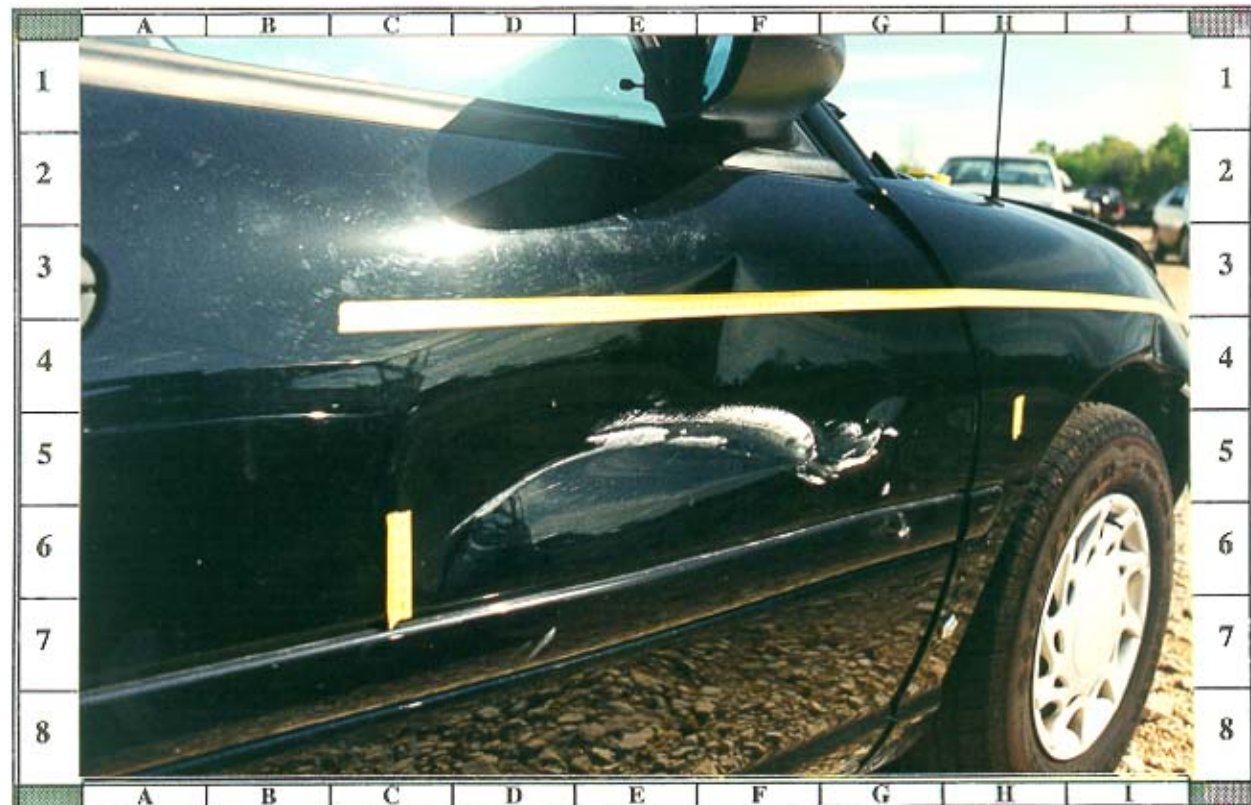
25 -- 1995 Plymouth Neon's undamaged left side and rear viewed from left rear



26 -- 1995 Plymouth Neon's undamaged rear & damaged right side viewed from rear right



27 -- 1995 Plymouth Neon's right side showing sideslap damage to right front fender, door, and outside rearview mirror



28 -- Close-up of sideslap damage to 1995 Plymouth Neon's right front door viewed from right rear



29 -- Close-up of sideslap damage to 1995 Plymouth Neon's right front door and rearview mirror (cells B1--C1) viewed from right front



30 -- Closer-up of sideslap damage to 1995 Plymouth Neon's right outside rearview mirror viewed from right



31 -- 1995 Plymouth Neon's frontal damage with contour guage present; viewed across front from right; NOTE: snag at RF bumper corner



32 -- 1995 Plymouth Neon's right side viewed along right side from front; NOTE: damage to right headlight assembly and bumper snag



33 -- Close-up of 1995 Plymouth Neon's damaged front right corner area viewed from front right; NOTE: maximum crush at bumper snag



34 -- 1995 Plymouth Neon's left front interior door surface and driver seating area with deployed air bags; NOTE: burn to RF air bag



35 -- 1995 Plymouth Neon's left dash, lower steering wheel rim, toe pan, and steering column; NOTE: no evidence of driver contact



36 -- 1995 Plymouth Neon's driver side air bag, left A-pillar, forward L door surface, & center dash; NOTE: no contact evidence



37 -- 1995 Plymouth Neon's lower steering wheel, mid & R dash, windshield, & rearview mirror; NOTE: no contacts & radio removed



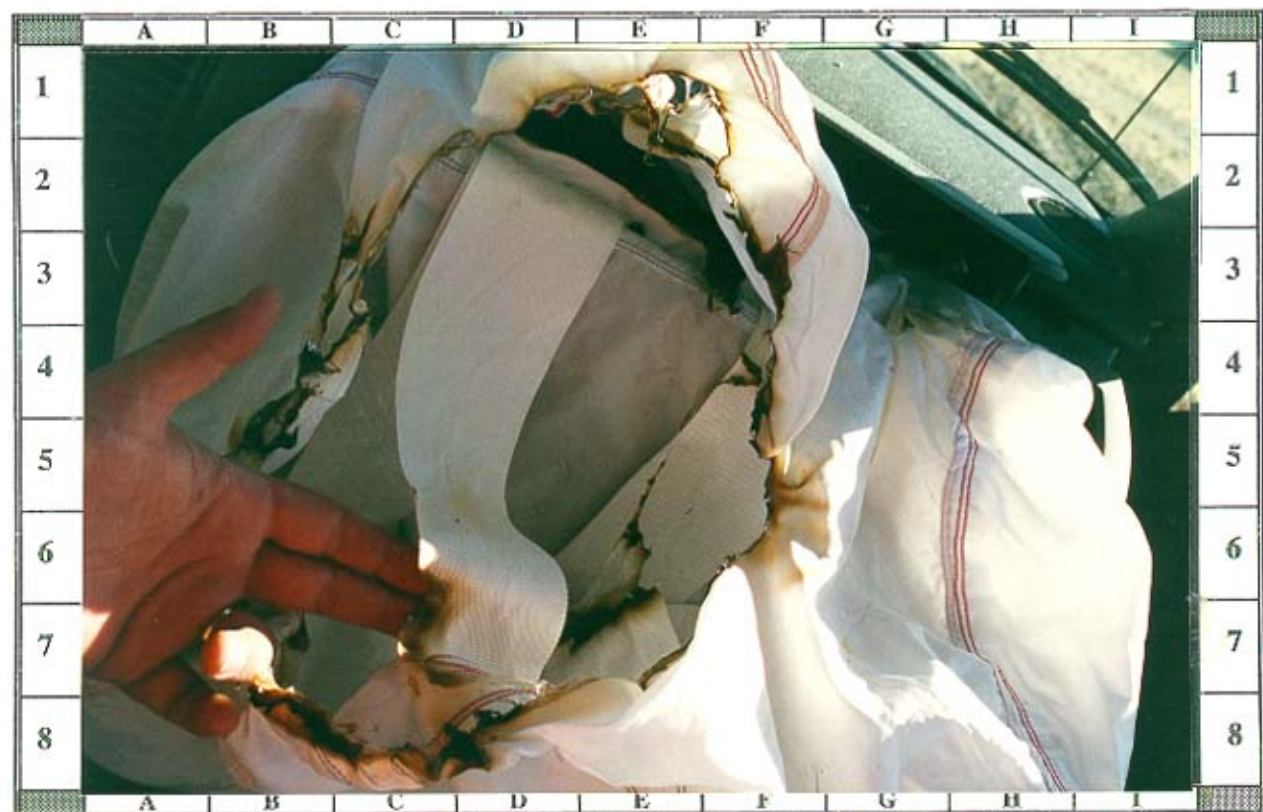
38 -- 1995 Plymouth Neon's middle and right dash and right toepan area viewed from right front door; NOTE: no contact evidence/radio



39 -- 1995 Plymouth Neon's right front passenger air bag showing large burn hole in air bag



40 -- Close-up of 1995 Plymouth Neon's burned right front passenger air bag; NOTE: hole diameter is approximately 33 cm (13.0 in)



41 -- Close-up of burn mark on 1995 Plymouth Neon's right front passenger air bag tether; NOTE: burn marks around hole's periphery



42 -- Close-up of 1995 Plymouth Neon's right front passenger air bag inflator assembly; NOTE: melted bag material around inflator



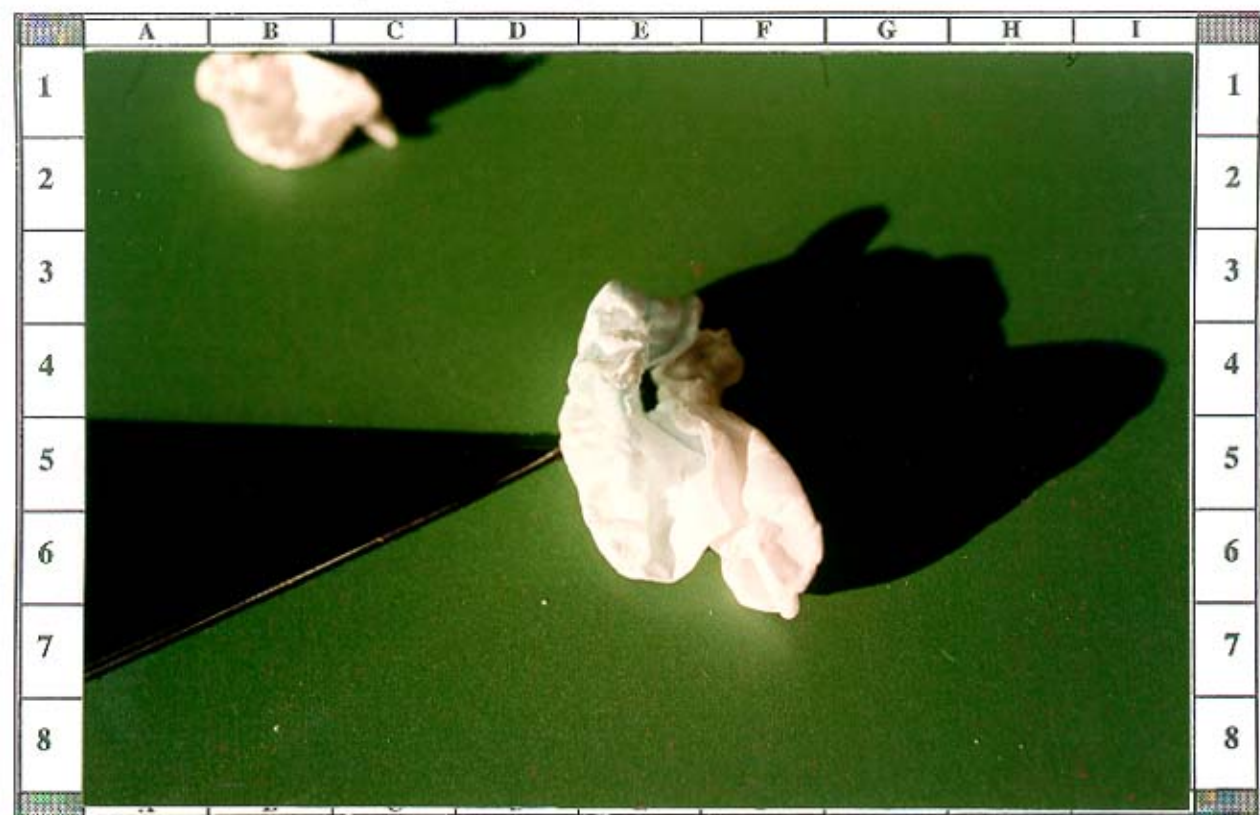
43 -- Close-up of 1995 Plymouth Neon's RF passenger air bag inflator assembly; NOTE: singed paper-like material next to inflator



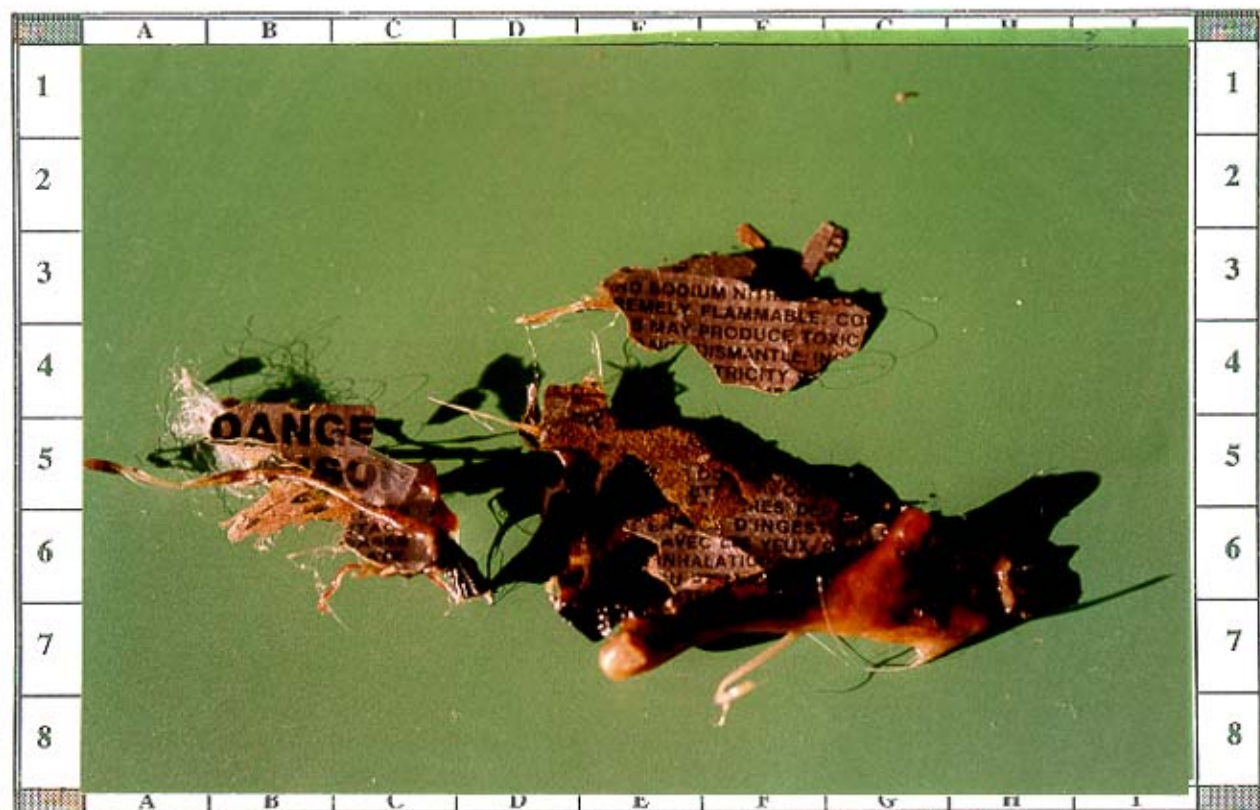
44 --- Close-up of 1995 Plymouth Neon's right front passenger air bag Reaction Can taken from underneath right front dash



45 -- Close-up of singed paper-like material found inside '95 Plymouth Neon's RF passenger air bag; see photo #43 above--cells B3--D5



46 -- Closer-up of singed paper-like material found inside 1995 Plymouth Neon's right front passenger air bag; NOTE: bluish tinge



47 -- Close-up of warning label attached to melted material found inside 1995 Plymouth Neon's RF air bag; see photo #42 cells F5--G5



48 -- Closer-up view of left-half of warning label attached to melted material found inside 1995 Plymouth Neon's right front air bag



51 -- Undamaged deployed right front passenger air bag found in an exemplar 1995 Plymouth Neon which was located in same salvage yard



52 -- Interior view of 1995 Plymouth Neon's front seatbacks and active three-point restraints for driver and right front passenger



53 -- Interior view of 1995 Plymouth Neon's rear seatbacks and active three-point restraints for rear outboard passengers



54 -- 1986 Dodge Omni's undamaged front viewed from front; NOTE: engine, hood, and both front wheels have been removed



55 -- 1986 Dodge Omni's left front direct damage with contour gauge present viewed from left front; NOTE: engine removed



56 -- 1986 Dodge Omni's left front direct damage with contour gauge present viewed from left; NOTE: front tires removed



57 -- Close-up of 1986 Dodge Omni's left front damage at area of maximum crush (red clamp); NOTE: wheels gone and snagging near door



58 -- 1986 Dodge Omni's left front damage with contour gauge present viewed from left rear; NOTE: outside rearview mirror is intact



59 -- 1986 Dodge Omni's sideslap damage to left rear door and quarter panel viewed from left front



60 -- 1986 Dodge Omni's sideslap damage to left rear door and quarter panel viewed from left rear



61 -- Close-up of 1986 Dodge Omni's sideslap damage viewed from left rear; NOTE: scuff (cells F2--G2) from Neon's R rearview mirror



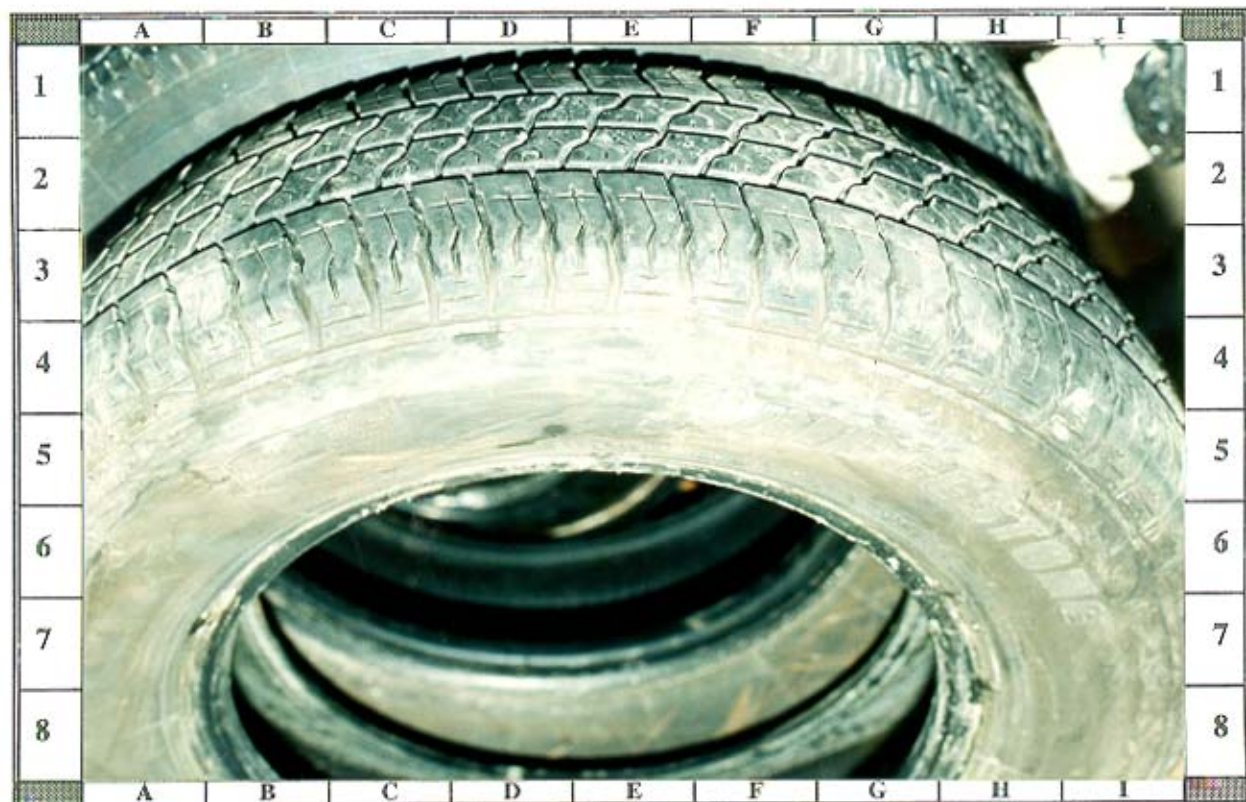
62 -- 1986 Dodge Omni's damaged left side & undamaged rear viewed from rear left; NOTE: rear tires replaced with temporary spare tires



63 -- 1986 Dodge Omni's undamaged rear viewed from rear



64 -- 1986 Dodge Omni's undamaged front and right side viewed from front right; NOTE: RF tire, hood, & engine have been removed



65 -- Close-up of 1986 Dodge Omni's removed right front tire showing post-impact scuffing marks resulting from impact with 1995 Neon



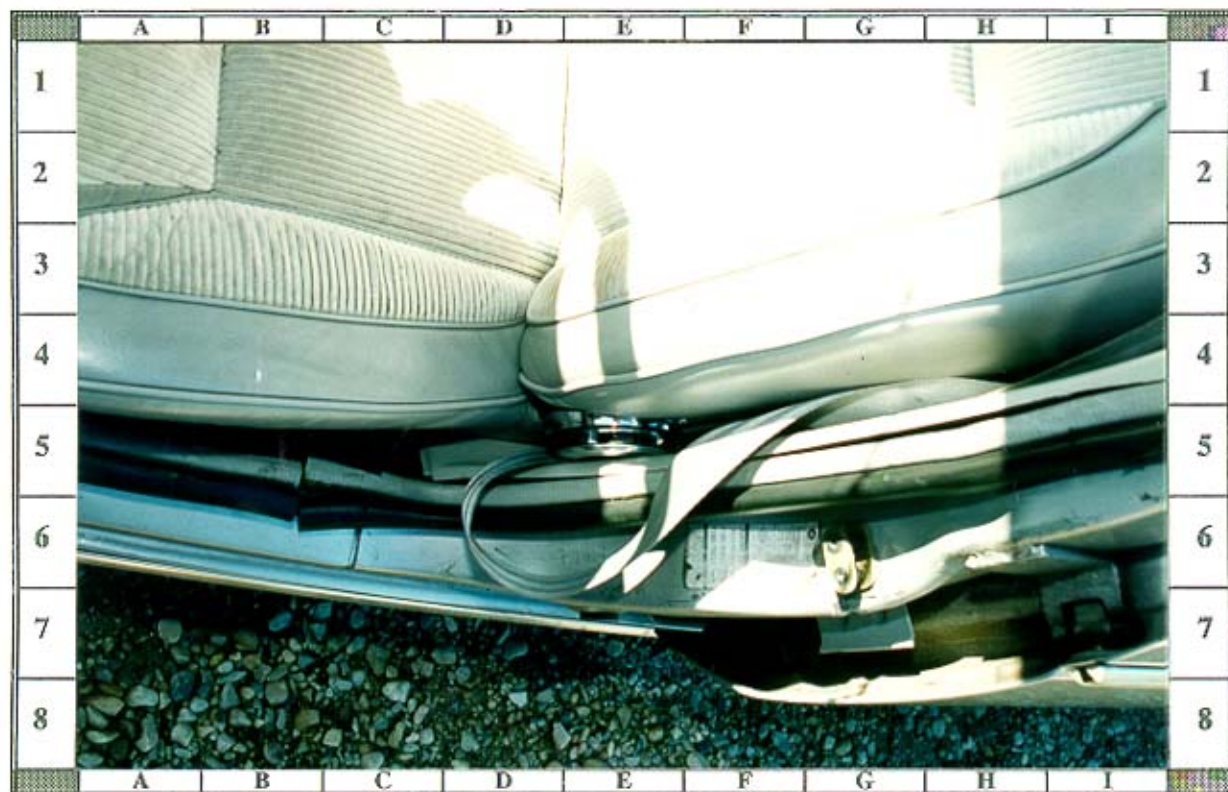
66 -- 1986 Dodge Omni's left front interior door surface and driver seating area; NOTE: no evidence of driver contact



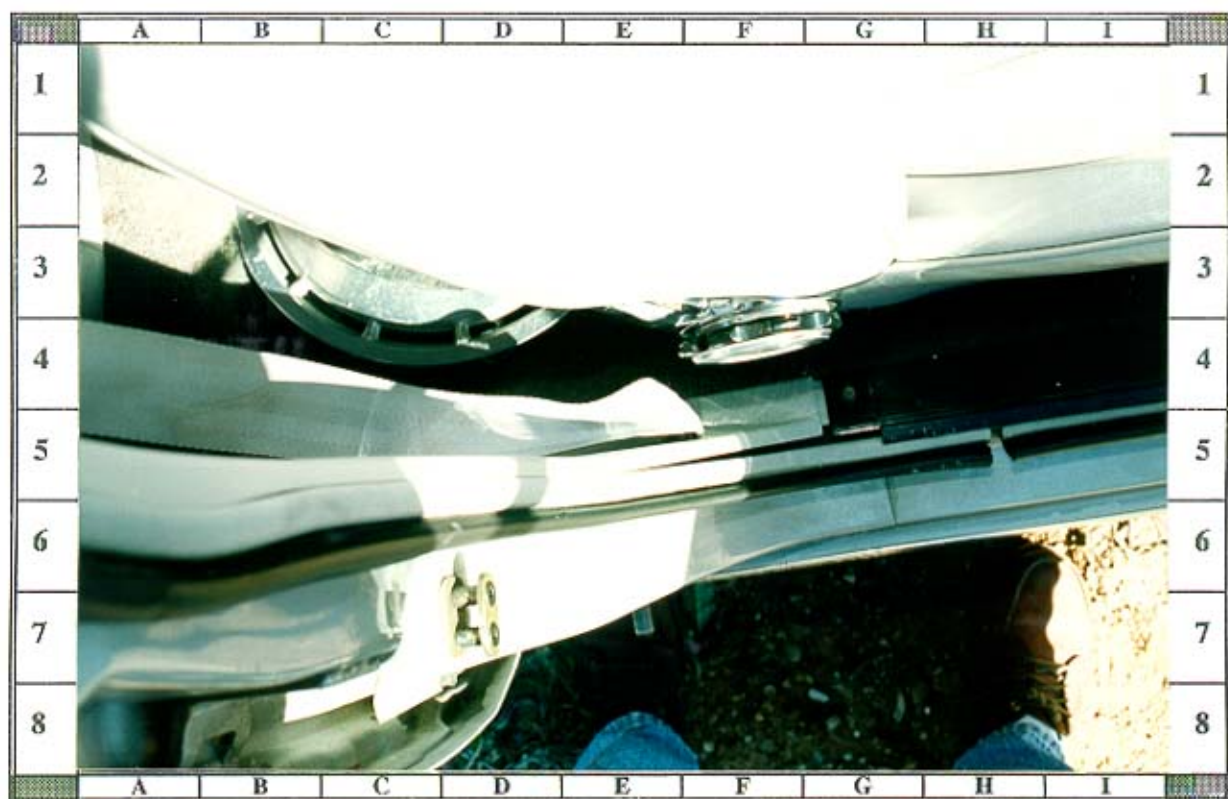
69 -- Close-up of 1986 Dodge Omni's left kickpanel & door sill damaged by intrusion--viewed from right front seating area



70 -- Close-up of 1986 Dodge Omni's intrusion damage to left A-pillar; NOTE: stress fracture to L windshield & no contact evidence



71 -- Overhead view of 1986 Dodge Omni's intrusion to left front door sill & movement of driver's seat; NOTE: seat adjuster (cell E5)



72 -- Overhead comparison view of 1986 Dodge Omni's right front door sill & seat adjuster (cells F3--G4) viewed from right front door



73 -- 1986 Dodge Omni's steering wheel, left interior door surface, and dash viewed from rear center; NOTE: no contact evidence



74 -- 1986 Dodge Omni's undeformed steering wheel viewed from right front seating area



75 -- 1986 Dodge Omni's undamaged center and right dash, toepan, and windshield, and lower right A-pillar viewed from rear center



76 -- 1986 Dodge Omni's undamaged dash & steering assembly viewed from right front door; NOTE: radio has been removed



77 -- 1986 Dodge Omni's front seatbacks viewed from right rear door area; NOTE: rear seat back was folded down



78 -- 1986 Dodge Omni's rear active restraints underneath folded down rear seatback